

Annual Report & Quality Account 2014/15



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English

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Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪ ਉਦਾਹਰਨ ਵਜੋਂ ਵੱਡੀ ਛਪਾਈ, ਵੱਖਰੀ ਭਾਸ਼ਾ ਆਦਿ ਵਿੱਚ ਚਾਹੀਦਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਸਿਹਤਸੰਭਾਲ ਕਰਮਚਾਰੀ ਨੂੰ ਬੇਨਤੀ ਕਰੋ।

Polish

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Lithuanian

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Kurdish

ئەگەر ئێمە بەلگەنامە بە شێوازیکی دیکە دەخوازیت بۆ نمونە چایی گۆرۆش، زمانیکی دیکە هتد. ئەکایە
یەکیک لە کارمەندانی سەرپەرشتی تەندروستی ناگادار بکەر مە.

Introduction from the Chief Executive and Chairman

Welcome to the Annual Report for 2014/15 about The Royal Wolverhampton NHS Trust. We run services in many settings across Wolverhampton, Cannock and surrounding areas. Each day thousands of patients and carers receive care and support from our busy workforce.

2014/15 was perhaps the most successful year of business development enjoyed by this NHS Trust since its creation in 1994. Several major initiatives came to fruition – amongst them full approval to build a new Emergency Department (to fulfil Wolverhampton's bold new Urgent Care Strategy), commencement of our hosting of the new West Midlands area of the National Institute of Health Research, and the acquisition of Cannock Community Hospital (and other relocated services) as part of the disaggregation of the former Mid Staffordshire Foundation Trust.

All of these accomplishments were delivered by a busy (and frequently stretched) but highly motivated workforce, which nonetheless kept existing services running safely and at high levels of quality. For example, attendances at the existing Emergency Departments rose again (by 7.2%) to 117,290, the number of elective and day case operations expanded by 12.2% to 59,851 and the volume of first Outpatients appointments grew by 13.4% to 188,994.

Despite the business successes highlighted above, and the elevated pressures on many services, patient safety does not change as our number one priority. In addition to the standard annual accreditations that we achieve across our services, we had a number of Clinical Commissioning Group Clinical Quality Reviews (of Emergency Services, Dietetics, Stroke, Respiratory, Diabetes, and Ophthalmology). Generally the outcomes were very positive; any recommendations resulted in action plans which were shared and monitored jointly, which reflects and reinforces our assurance relationship with the Commissioners of our services. Patient experience is carefully monitored within the Trust, not least by the Trust Board whose monthly agenda includes a recording of a patient story, followed by a discussion of lessons learned. The Board also takes a keen interest in complaints, and the work of the Patient Advice and Liaison Service within the Trust.

Behind the headlines about core services to patients come our business qualities – the sustained level of performance against the portfolio of contracts we are responsible for delivering, and the financial results and standing of the Trust. In all these respects, 2014/15 was another solid year. We met the vast majority of our contractual obligations, investing over £40M in capital developments (including £12M at Cannock Chase Hospital) as we steadily rebuild the facilities for our growing patient population, and finished the year with a net surplus of £3.6m – one of few NHS Trusts (locally and nationally) able to deliver a healthy surplus in this heavily strained financial year. At the outset of the year the Trust's turnover was forecast to be £383.56M, however primarily due to the acquisition of Cannock Chase Hospital on November 1st 2014, and the hosting of the Clinical Research Network for the West Midlands, the final revenue income sum was £461.92M. This notable recent growth in business may be gauged by the sustained rise in turnover, from £177M in 2003/4, to a projected £507M in 2015/16.

As ever in a large and busy Trust, the year was marked by innumerable key visits, occasions for celebration and instances of memorable good work. Amongst these were being placed among

the top 100 NHS employers (following a survey by NHS Employers and Health Service Journal), our Pathology Laboratories won an award from the HSJ for their outstanding productivity, and the Hospital In-reach Team was shortlisted for a Nursing Times Award in the category - Integrated Approaches to Care.

Trust staff work hard to provide good patient care and experiences, meet financial responsibilities and other important standards. They often work under great pressure, as demand for our services grows. Without their commitment, loyalty and hard work we could not have achieved the things we did during the year, nor could we aspire to greater things to come. The Trust also benefits from having a body of keen and dedicated volunteers who are involved in many ways to help our patients and make their experience better. In addition, for several years, we have been fortunate in having the support and contribution of a Shadow Council of Governors, who were drawn together in preparation for the Trust to operate as a Foundation Trust (FT). They became involved in various fora, such as the Infection Prevention Group, and Patient Experience Forum, as well as holding their own regular meetings and providing feedback on some major issues facing the Trust. By the end of the year, however, it was clear that the Trust was not going to proceed with FT authorisation for the time being, and the Shadow Governors' formal role came to an end.

At every step of this demanding but proud year of resilience and achievement, the Trust has worked in strong partnership with all the key agencies in what we describe as the Wolverhampton Health Economy – in particular Wolverhampton City Council, Wolverhampton Clinical Commissioning Group, a large number of voluntary organisations and leading statutory bodies such as Healthwatch Wolverhampton, the Health & Wellbeing Board and Overview & Scrutiny Panel. At times our recent developments – including public consultations beyond the locality - have involved additional contacts with Local Authority and Health bodies in South Staffordshire too. The Trust is grateful to the support, constructive challenge and active collaboration from all of our partners.

Put simply, none of the developments mentioned above could or would have been achieved without solid partnership involvement and support for the Trust in its ambitions. Partnership is now the future direction outlined in all current NHS strategies, and we anticipate many more ventures in 2015 and beyond. To this end we continue to equip our workforce with the skills in communication, collaboration and systems leadership that they will need to keep health services in and around Wolverhampton developing in an era where partnership is the key to success and resources need to be efficiently used in every aspect of patient care.



David Loughton

David Loughton, CBE
Chief Executive



Jeremy Vanes

Jeremy Vanes
Chairman



Overview of Strategic Report

About the Trust

The Royal Wolverhampton NHS Trust is a statutory body which came into existence on 1 April 1994 under The NHS Trust (Establishment) Order 1993, No 2574. It is a major acute and community Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. It gained Cancer Centre status in 1997, was designated as the 4th Regional Heart & Lung Centre during 2004/05 and became one of the first wave Bowel Screening Centres in 2006. The Trust is the largest teaching hospital in the Black Country providing teaching and training to more than 130 medical students on rotation from the University of Birmingham Medical School. It also provides training for nurses, midwives and allied health professionals through well-established links with the University of Wolverhampton. During 2014 it was established as the Host for the Clinical Research Network: West Midlands. On 1 November the Trust acquired services and assets, including Cannock Chase Hospital, from the Mid Staffordshire NHS Foundation Trust.

During the year 2014/15 and up to the signing of the Annual Report and Annual Accounts the Accountable Officer was David Loughton CBE, and the Trust Chair was Jeremy Vanes (acting Chair from April – September 2014). The Trust Board comprised Mr Loughton and Mr Vanes and the following Directors (any with less than a full year of Board membership are denoted accordingly):

- Angela Adimora – Director of Human Resources and Organisational Development (since November 2014)
- Dr Janet Anderson – Non-executive Director and Senior Independent Director
- Roger Dunshea – Non-executive Director
- Rosi Edwards – Non-executive Director
- Maxine Espley – Director of Planning and Contracting
- Cheryl Etches OBE – Chief Nursing Officer and Deputy Chief Executive
- Sultan Mahmud – Interim Programme Integration Director (since September 2014)
- Mary Martin – Non-executive Director
- Gwen Nuttall – Chief Operating Officer
- Dr Jonathan Odum – Medical Director
- Sue Rawlings – Non-executive Director
- Kevin Stringer – Chief Financial Officer
- Denise Harnin - Director of Human Resources (till 04.04.14)
- Di Pugh - Acting Director of Human Resources (from 07.04.14 - 14.12.14)

The Audit Committee comprised the following Directors during 2014/15 and up to the signing of the Annual Report and Accounts: J Anderson, M Martin, R Dunshea, R Edwards (from July 2014) and S Rawlings (until July 2014).

The Remuneration Committee during 2014/15 comprised: J Vanes, J Anderson, R Dunshea, R Edwards, M Martin and S Rawlings.

The roles and activities of the Board Committees are covered in more detail in the Annual Governance Statement (Page 33).

With an operating budget in excess of £507million (for 2015/16) the Trust is one of the largest acute and community providers in the West Midlands having more than 800 beds on the New Cross site including intensive care beds and neonatal intensive care cots. It also has 82 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital. As the second largest employer in Wolverhampton the Trust employs more than 7,900 staff.

The Trust provides its services from the following locations:

New Cross Hospital – secondary and tertiary services including cardiology, oncology, gastroenterology, gynaecology, paediatrics, ophthalmic, renal, respiratory, urology, trauma and orthopaedic, stroke, care of the elderly, maternity, Accident & Emergency, critical care and outpatients;

West Park Hospital – rehabilitation inpatient and day care services, therapy services and outpatients;

More than 20 Community sites – community services for children and adults, Walk in Centres and therapy and rehabilitation services; and

Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy)

The Trust has an excellent reputation for its clinical services and for whole system transformation in the delivery of clinical care, service reform and partnership working. Delivering its services from a number of locations including outreach clinics it fulfils two main roles:

The provision of top quality emergency, community and secondary care services for our local population; and

Tertiary and specialist services both independently and through clinical networks to the wider population of the West Midlands and beyond.

Our Vision and Values

The Trust's vision and values play an important role in describing the principles and beliefs that underpin the way in which it does business. They provide the checks and balances to make sure that all plans improve the experience for patients.

Our Vision

An NHS organisation that continually strives to improve patients' experiences and outcomes.

Our Values

- Patients are at the centre of all we do:
- We maintain a professional approach in all we do.
- We are open and honest at all times.
- We involve patients and their families and carers in decisions about their treatment and care.
- Working together we deliver top quality services:

- We work in partnership with others.
- Working in teams we will recognise and respect our differences.
- We support each other as members of the Trust.
- We will be innovative in how we work
- We make it easy to do the right thing.
- We continue to improve the experiences of those who use our services.
- We encourage and support people who lead change.
- We create an environment in which people thrive
- We empower people to explore new ideas.
- We act as positive role models.
- We work hard for our patients.
- We recognise achievements.

Our Strategic Goals

Our vision and values have been supported by ten strategic goals.

The achievement of these goals, individually and collectively enables the Trust to demonstrate that it is "living" its vision. These goals are underpinned by our service developments, operational infrastructure and organisational capacity and capability. They are the framework for our performance management - each goal has a range of Key Performance Indicators which enable us to track our progress at a Divisional and Board level. These indicators are reviewed each year to ensure they reflect the aspirations of the Trust in achieving its strategic goals. Delivery of the qualitative and quantitative measurements is through our monthly performance monitoring at local levels and to the Trust Board. When we recognise something which could jeopardise our achievement of these goals, we assess its seriousness and record it on a risk register. The most serious risks are placed on the Board Assurance Framework. The Trust risk and control framework is described in the Annual Governance Statement.

The Trust has an important role to play not only in improving the health and social care services for the local population but also in the continuing regeneration of the City of Wolverhampton as a vibrant multicultural and diverse community. It is important to us that we are efficient and effective in our delivery of services and are seen as a socially responsible organisation. Our strategy enables us to use the cultural diversity of the population we serve to stimulate innovation in the way we deliver services. Our relationship with our members and shadow governors ensures we focus on issues that make a difference to local people. Our strategic goals are shown below:

- To provide our patients and staff with a safe environment, supported by the appropriate estate, equipment and facilities.
- To be an employer of choice with a motivated, productive and committed workforce.
- To achieve a balance between demand and capacity with integrated working and seamless services within the hospital and the wider health community.

- To progressively improve the image and perception of the Trust.
 - To be in the national NHS top quartile of benchmarks and targets.
 - To achieve our Long Term Financial Plan and Service Modernisation objectives.
 - To be a high quality educator.
 - To develop and improve our service portfolio.
 - To develop our position as a tertiary centre.
 - To consolidate our position as a leading healthcare provider operating in a commercial environment.

In 2014/15 the Trust made progress in delivering its goals in a number of areas including:

Delivering a net financial surplus, and achieving all of its statutory financial targets.

Securing clinical income in excess of that secured during the previous year.

Successfully hosting the West Midlands Local Clinical Research Network for the first year since its establishment in April 2014, with a budget of £29m core funding (plus a one off sum of £1m in Research Capability Funding) and staff totalling 1660, making it the largest such network in England.

Playing a key part in the successful transfer of services and assets, including Cannock Chase Hospital, from Mid Staffordshire Foundation Trust.

Supporting the development of the Post-Graduate Academic Institute of Medicine in partnership with the University of Wolverhampton and other trusts.

Investing in the development and enhancement of patients' facilities and services at New Cross Hospital.

Effectively recruiting doctors, nurses and midwives - including attracting and recruiting four cohorts of nurses from a small number of EU countries.

Introducing Human Factors Training across the organisation.

Continuing rigorous scrutiny of serious incidents (SUIs), including through weekly accountability meetings, chaired by the Chief Nursing Officer, to review incidents of falls and pressure ulcers.

Introducing table top reviews for SUIs, chaired by an executive director.

Achieving good performance against most targets, in the context of increasing demand, for example patients referred with new onset of chest pain 99.3% (target 98%), patients referred with suspected cancer 95.07% (target 93%), 18 weeks referral to treatment non-admitted 96.6% (target 95%), and patients waiting no longer than 31 days from diagnosis of cancer to first treatment 96.93% (target 96%).

Establishing a programme of Medical mentoring which supports newly appointed consultants.

Establishing a programme of apprenticeships for young people alongside an apprenticeship programme for existing staff.

Successfully bidding to NHSLA to roll out a programme of Process Communication Model (PCM) within the organisation, with an aim to reduce complaints around communication and to improve team working.

Delivering Simulation training to and beyond expectations using our state of the art immersive SimWard, and receiving international acclaim.

Increasing activity around work experience opportunities for young people in the Wolverhampton and surrounding areas, through HealthTec and work placements; including a dedicated 'Careers in medicine day' with live theatre links.

Increasing performance around Mandatory training topics, and increased reporting.

Increasing training opportunities for Bands 1-4 staff in accessing QCFs, Foundation degrees and bespoke development programmes.

Leadership programmes with a core theme around Emotional Intelligence, which have been developed in line with a career framework, to support staff at all levels.

Gaining excellent medical student feedback.

The Trust medical appraisal compliance rate increased by 8.9% during the years 2013/14 (88.9%) and 2014/15 (97.8%).

During the period 2014/15, 120 doctors with a prescribed connection to The Royal Wolverhampton NHS Trust were due to be revalidated. The Trust's Responsible Officer, Dr Jonathan Odum made 113 positive recommendations and 7 deferrals (requests for more time).



Our Services in 2014/15

The information below gives an overview of some of the developments and service changes that the Trust has made. More detail on many of these including the underpinning performance indicators where relevant is shown in section 2: Quality Account.

Urgent & Emergency Care Centre

Over the last year the building of the Urgent and Emergency Care centre has started and will be ready to open in November 2015. During this time the clinical teams have worked with Primary care colleagues and with the commissioners to reconfigure pathways in line with Wolverhampton's Urgent and Emergency Care strategy following its public consultation which completed in March 2014. A GP led Urgent Care Centre is at the centre of these developments and together with the co-location of the Emergency Department with the Acute Medical wards will mean that patients are seen by the most appropriate service in a timely way.

Safehands - Keeping patients safe

In 2014/15, automated hand hygiene monitoring has been installed and we now monitor in excess of 1.4 million staff hand hygiene events each month. This is thought to be the biggest of its kind in the world.

Nurse Staffing Levels

Arising partly from the CQC Hospital Inspection in 2013, we agreed with our Commissioners that a significant increase in the nurse establishment was necessary to provide a safe and high quality level of care on hospital wards. To that end, we have throughout the year maintained an energetic recruitment drive, locally, nationally, and internationally, with considerable success.

Hybrid Pressure Care Mattresses

The Trust agreed to purchase 650 hybrid pressure care mattresses for the New Cross and West Park hospital sites. This follows a four month trial of these mattresses, which deliver significant clinical benefits for patients. RWT will be the first acute trust to offer 100% dynamic mattress capability for all patients at two hospitals.

Construction of a new ward

As demand continued to rise during the year, partly as a result of patients coming here instead of Stafford, the Trust obtained permission to build a 28 bed modular ward, primarily for gastroenterology patients. This opened in January.

The Patient Environment

Both West Park Hospital and New Cross Hospital scored very well in the Patient Led Assessment of the Clinical Environment (PLACE) review. The assessment looks at the environment, the food served to patients and privacy and dignity arrangements on wards. The assessment team also talk to patients and their carers as part of this national survey. During the year a discharge /transfer bed cleaning service was introduced as a measure designed to supplement the work of ward staff in sustaining high, and hygienic, turnover of beds.

Nursing Homes Project - Homes Inreach Team

Following a successful six-month trial, the Trust agreed to provide a 7 day rapid response service to Nursing Homes within Wolverhampton in order to deliver urgent care closer to home and reduce hospital attendances and admissions in the elderly. This service recognised the numbers attending Accident and Emergency or being admitted from nursing homes, and the potential to reduce these numbers by working more closely with these establishments. The multi-disciplinary team has shown a reduction in Emergency Department attendances, acute admissions, and deaths in hospital for nursing home residents. The team is well received in the homes, and has had support from local GPs.

Improvements to Wards and Facilities

Investment in the facilities used by patients continued during 2014/15. Among the major projects undertaken were: refurbishment of the Gynaecology Ward (D7), expansion of the patients' waiting room and clinical capacity in the Wolverhampton Eye Infirmary, relocation and outsourcing of outpatient pharmacy to a location more easily accessed in the heart of the hospital, and the replacement of the Angiography Suite (Catheter Laboratory 3) in the Heart and Lung Centre.



Cannock Chase Hospital



During 2014/15 the Trust undertook its most significant development since the integration of Wolverhampton Community Services as part of the national Transforming Community Services agenda.

Following a lot of discussion and consideration by the Board and senior staff across the Trust the Board approved a programme of work which saw the Trust become part of the future solution for services delivered by Mid Staffordshire Foundation Trust.

On 1st November 2014 the formal transfer of Cannock Chase Hospital and other services and assets from Mid Staffordshire Foundation Trust to the Trust was completed.

From early 2014 the executive team and senior staff from across the Trust worked with colleagues from Mid Staffordshire Foundation Trust and University Hospital of the North Midlands and with commissioners and regulators to form

a rigorous plan for the safe separation and transfer of services. This plan was approved by the Secretary of State for Health and was widely shared with stakeholders and members of the public.

In parallel the Trust undertook a public consultation on the proposals to transfer some planned care services from New Cross Hospital to Cannock Chase Hospital. The Board undertook this transaction because it gave the Trust the opportunity to:

- Enhance and improve patient experience
- Improve the quality of clinical services and health outcomes
- Secure and safeguard a wide range of high quality clinical services accessible to local people

As a Trust we spent a lot of time reviewing systems and processes to ensure that we could move to the same systems

and processes on all our sites as soon as possible after 1st November. We also looked at staff training to make sure that those staff transferring to the Trust had access to the same mandatory training as existing staff in addition to a detailed induction and orientation programme.

This training also applied to those staff from within the Trust who would spend some of their time at Cannock Chase Hospital as well as managers who support the on call rotas.

The Trust has an implementation programme which will see the continual integration and evolution of services at Cannock Chase Hospital over the next 2 years. These changes will support the Trust in achieving its vision to be an NHS organisation that continually strives to improve patients' experiences and outcomes. Throughout this report information from 1st November 2014 will include Cannock Chase Hospital.

Activity Overview 2014/15

The Trust substantially met its objectives for 2014/15 and has successfully met or exceeded some very challenging targets, treating more patients than ever before. Our activity, shown for Acute, Specialist Services and Community Services, is shown below:

Acute and Specialist Services

Percentage Difference

Inpatient (FCEs)					
Admission Method	2012/2013	2013/2014	2014/2015	2012/13 - 2013/14	2013/14 - 2014/15
Emergency	56,159	60,596	64,133	7.9%	5.8%
Elective	9,811	8,741	8,755	-10.9%	0.2%
Daycase	44,888	45,633	51,096	1.7%	12.0%
Transfers	1,310	1,336	1,357	2.0%	1.6%
Regular Day Admissions	30,254	30,781	30,824	1.7%	0.1%
Maternity	8,992	9,039	9,457	0.5%	4.6%
Births	4,132	4,292	4,320	3.9%	0.7%
Clinical Decision Unit	0	0	4,283	0.0%	0.0%
Total	155,546	160,418	174,225	3.1%	8.6%

Outpatient (Attendances)					
Patient Type	2012/2013	2013/2014	2014/2015	2012/13 - 2013/14	2013/14 - 2014/15
New	160,559	166,641	188,994	3.8%	13.4%
Review	374,814	383,589	430,746	2.3%	12.3%
Total	535,373	550,230	619,740	2.8%	12.6%

Referrals	2012/2013	2013/2014	2014/2015	2012/13 - 2013/14	2013/14 - 2014/15
Total by GP	94,002	101,038	114,582	7.5%	13.4%

A&E Attendances	2012/2013	2013/2014	2014/2015	2012/13 - 2013/14	2013/14 - 2014/15
New Cross A&E (Type1)	106,838	109,375	117,290	2.4%	7.2%
Cannock Minor Injuries Unit			1,115		

NB: Activity numbers for 2014/15 financial year include 5 months' worth of Mid Staffordshire Foundation Trust transition activity, following the acquisition of Cannock Hospital as part of The Royal Wolverhampton NHS Trust in November 2014. The Cannock Minor Injuries Unit transferred on 1st March 2015, so includes only one month's activity data for 2014/15.

Community Services

Inpatient (FCEs)	2012/2013	2013/2014	2014/2015
Finished Consultant Inpatient Episodes	860	906	946

Percentage Difference

2012/13 - 2013/14	2013/14 - 2014/15
5.3%	4.4%

Outpatient (Attendances)

Patient Type	2012/2013	2013/2014	2014/2015
New	1,932	1,931	2,076
Review	4,157	3,991	3,973
Total	6,089	5,922	6,049

2012/13 - 2013/14	2013/14 - 2014/15
-0.1%	7.5%
-4.0%	-0.5%
-2.8%	2.1%

Community Contacts	2012/2013	2013/2014	2014/2015
First	57,672	53,142	54,020
Subsequent	451,467	449,414	463,355
Total	509,139	502,556	517,375

2012/13 - 2013/14	2013/14 - 2014/15
-7.9%	1.7%
-0.5%	3.1%
-1.3%	2.9%

Referrals	2012/2013	2013/2014	2014/2015
GP and Other	74,343	71,864	73,068

2012/13 - 2013/14	2013/14 - 2014/15
-3.3%	1.7%

A&E Attendances	2012/2013	2013/2014	2014/2015
Phoenix Walk in Centre Attendances	36,186	35,179	36,740

2012/13 - 2013/14	2013/14 - 2014/15
-2.8%	4.4%



Performance Overview 2014/15

The Trust has a robust and effective governance framework in place to provide assurance and monitor organisational performance. The Board of Directors, Board Committees, and Executive Director level groups receive monthly performance reports which present performance against national and local targets/priorities. The reports adopt a risk-based approach so that variances in performance against the agreed plans and action plans to address any issues are highlighted to the Executive Team and Board of Directors.

Some highlights of our performance against our key performance indicators are given below, demonstrating that during 2014/15 the Trust performed well against key targets:

- Patients offered an appointment in GUM within 48 hours = 100%
- HSMR (Mortality Ratio) = 102.6 (March 2014 – February 2015)
- Where possible patients will not have their operation cancelled at short notice = 0.91% (target <0.8%)
- Falls resulting in serious harm = 40
- Patients referred with new onset of chest pain = 99.3% (target 98%)
- Patients referred with suspected cancer 95.07% (target 93%)
- Patients treated/admitted from A&E with 4 hours = 93.3% (target 95%)
- 18 weeks referral to treatment non-admitted = 96.6% (target 95%)
- 18 weeks referral to treatment admitted = 86.72% (target 90%)
- MRSA = 2 against a target of 0 – however, the case in April was deemed unavoidable
- C Difficile = 51 cases (year end target of 38)
- Patients with a diagnosis of cancer will wait no longer than 62 days = 83.66% (target 85%)
- Patients will wait no longer than 31 days from diagnosis of cancer to first treatment = 96.93% (target 96%)
- Percentage of patients that have spent 90% or more of their stay in hospital on ASU = 86% (target 80%)

Annual Plan Narrative 2014/15

Cancelled operations at short notice

The lack of bed capacity was the largest cause of cancelled operations during the year, representing over 65% of the total cancellations. The second largest reason for cancellation on the day of surgery was running out of theatre time at almost 16%, this is largely due to complex cases taking longer than anticipated thus leaving no time to finish the scheduled list.

Patients treated/admitted from A&E within 4 hours

We have seen increased numbers through the Emergency Department during the whole of 2014/15, with an additional 7,915 (6.75%) attendances at the New Cross Site and 1,705 at the Phoenix Walk in Centre (4.65%). On an average basis, this equates to an additional 25 days activity at New Cross and 17 days at the Phoenix Walk in Centre.

The Trust took over the management of Cannock Minor Injuries Unit on the 1st March 2015.

18 weeks referral to treatment - admitted

As part of the national RTT backlog clearance programme, which was a joint tripartite agreement with Monitor, NHS England and The Trust Development Authority, the Trust was allowed to breach the admitted performance target in order to help reduce the overall number of patients waiting longer than the 18 week standard.

Patients with a diagnosis of cancer will wait no longer than 62 days

The Trust has a good reputation for delivering cancer targets, however, it has proved challenging to consistently hit the standards this year; this is mainly due to late receipt of tertiary referrals. Out of 102 tertiary referrals received in the year only 16.7% were within the patient pathway target. This gives the Trust very little leeway in delivering to standard on a consistent basis.

Infection Prevention

The Trust's infection prevention programme continued throughout 2014/15, with the majority of elements successfully achieved. A key accomplishment was the lowest annual total for device-related hospital-acquired bacteraemia cases, but MSSA and MRSA bacteraemia plus C. difficile results were disappointing in comparison with recent years. There were two MRSA bacteraemia attributed to the Trust during the year, both thought to be unavoidable and the Trust also failed to hit its C. difficile objective for the year.

Driving Efficiencies

Cost Improvement Programmes and Quality, innovation, Performance and Productivity

The on-going national challenge to look at ways in which the NHS can improve patient safety and quality standards whilst reducing costs is one that faces all organisations. In addition to the national guidance and supporting evidence base, the Trust has taken a more proactive way to ensure it remains clinically safe and financially secure. The emphasis for the Cost Improvement Programme has been focussed on ways in which the Trust can look to reduce waste and maximise efficiency. To support the delivery of this ambitious programme, the Trust has established a Transformation Programme Group that oversees all transformation project work. Dedicated project management resource supports clinical and operational staff in helping to re-design the way in which services are currently provided to help deliver improved services at reduced cost. This will help clinical divisions and corporate teams make fundamental changes in how they deliver their services more efficiently. Delivering efficiency is a continuing agenda for the Trust and will be achieved without compromising safety or quality.

Our Commissioners also have a continued requirement to deliver efficiencies and get best value on behalf of the patients they serve. This is supported by the national initiative of the Better Care Fund, where commissioning responsibility for a number of areas is shared between health and social care through joint commissioning budgets. Some of the schemes in this programme will ultimately impact on Trust services. To ensure that we are involved in discussions about these decisions we work closely with primary care colleagues and the Clinical Commissioning Groups through our contract discussions and as part of the on-going work streams that are supporting the development of the Better Care Fund.

Human Rights

As a public sector organisation, the Trust has a statutory duty to ensure that equality, diversity and human rights are embedded into all its functions and activities as required by the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution.

The Equality Act 2010 replaces all previous equality legislation, such as; The Race Relations Act, The Disability Discrimination Act, The Sex/Gender Discrimination Act, Religion and Belief Regulations and Sexual Orientation Regulation. The Equality Act Places a public sector equality duty on public sector organisations to pay 'due regard' to the personal protected characteristics in their decision making process when developing or reviewing policies, service redesign or restructure and the development of strategies.

The Equality Act is a key part of the legal framework that underpins the way the NHS provides its services and supports its staff. The duty also requires the Trust to collect, analyse and publish its workforce data and service user data equality data information in an accessible format. The Trust is also required to publish its equality objectives and an annual progress report on those objectives.

The Equality Act and Human Rights Act are also underpinned by the NHS Constitution.

Gender and Diversity of Our Workforce

As one of the largest employers in the local community, the trust has a responsibility to recruit a workforce that is representative of the community. Its workforce profile and gender profile are shown in the tables below:

Report Group	Female	Male	Grand Total
Other Staff	6324	1433	7757
Senior Manager	115	92	207
Trust Board (EDs)	4	4	8
Grand Total	6443	1529	7972

Through its Single Equality Scheme, the Trust aims to remove barriers to employment for disabled people, by improving access, training and support. The number of staff who had identified themselves as having a registered disability comprise 0.78% of the workforce (up from 0.16% in 2013/14) and are summarised below:

Disabled	Total
No	1865
Not Declared	6045
Yes	62
Grand Total	7972

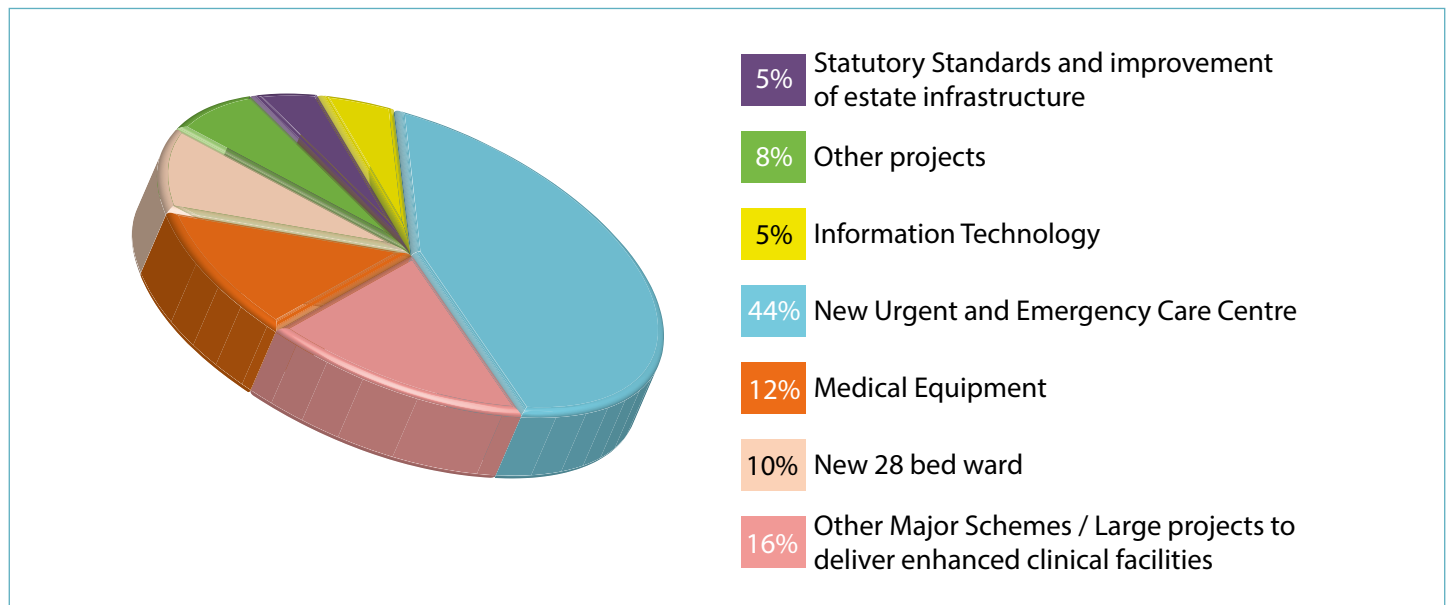
The number of BME staff at 31 March 2015 comprised 23.38%, as below:

Ethnicity	Head Count	%
African	139	1.74%
Asian	204	2.56%
Bangladeshi	16	0.20%
Caribbean	230	2.89%
Chinese	38	0.48%
Indian	781	9.80%
Mixed White	103	1.29%
Other Black	42	0.53%
Other Mixed	30	0.38%
Other/Not Known	169	2.12%
Pakistani	112	1.40%
White	6108	76.62%
Grand Total	7972	100.00%

Delivering the Estate Strategy

Redevelopment and refurbishment of the New Cross hospital site continued in accordance with the objectives of the Estate Strategy with some £33.2 million having been invested to improve facilities and medical equipment in order to support delivery of clinical services. How this investment was distributed is shown in the graphic below:

Capital Expenditure at New Cross for 2014/15

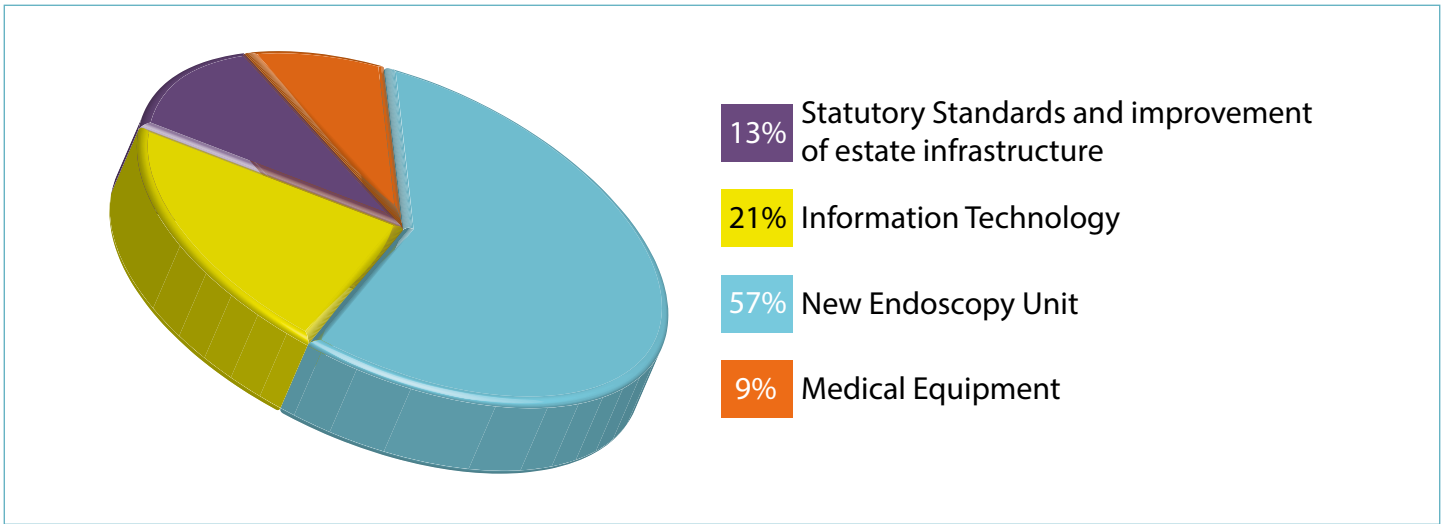


Key Developments at New Cross Hospital are:

- The key development for the Trust has been the ongoing construction of the new Emergency and Urgent Care Centre which is due for completion in November 2015. This will replace the existing A&E department and will play an integral part in providing redesigned and much improved Emergency and Urgent Care facilities in Wolverhampton.
- A new Pharmacy has been provided in the refurbished former Histopathology Building in order to provide better facilities and environment from which to deliver an improved service for patients.
- To accommodate anticipated additional activity, a new 28-Bed Medical Ward was constructed and opened for patients in the winter. The Women's Unit was refurbished and the capacity expanded to provide additional Neonatal Cots together with an additional Induction Suite and enhanced facilities for Transitional Care.
- The programme of improving the Patient Experience was supported by refurbishments of the Eye Infirmary, Operating Theatres and works to generally upgrade roads, pathways and car parks.
- The Trust's operations and estate grew in November 2014 with the acquisition of the 26,000m² Cannock Chase Hospital as part of the transfer of services and facilities from the Mid Staffordshire Foundation Trust.
- An investment of £9.7m to improve the ability to deliver first class clinical services at Cannock has already been made since November 2014 with the first of the new major projects, the new Endoscopy Suite, having been completed in March of this year.



Capital Expenditure at Cannock Chase for 2014/15



Key Developments at Cannock Chase Hospital are:

- A major programme of refurbishment and upgrade of the clinical facilities is being undertaken at Cannock and will include the provision of two new Operating Theatres and an associated 28-Bed Orthopaedic Ward. Operating theatre capacity for orthopaedics has already been increased by transferring all endoscopy activity to the new Endoscopy Suite and space for the 28-Bed Ward is being created by relocating the current Rheumatology Day Case service to a new Rheumatology Department already being constructed on Level 1.
- A new Dermatology Treatment Unit has been constructed, two existing inpatient wards have been refurbished and the electrical infrastructure, the air handling units, the lifts and the kitchens will all have been upgraded and refurbished by the end of this calendar year to meet planned future requirements.
- Extra car parking capacity has already been provided and patients will benefit from works already started to provide yet more car parking capacity, much of it being closer to the hospital entrances so as to minimise walking distance.



Sustainability Report

The Trust has a Sustainable Development Management Plan approved by the Board and a Carbon Management Plan which commits to a carbon reduction target of 15% between 2009/10 and 2014/15.

In its second year of use, the Combined Heat and Power (CHP) plant has achieved all of its targets and has produced the savings in energy and cost which were guaranteed before its installation.

Building on the work done during 2013/14 towards achieving its carbon reduction commitments, the Trust has during 2014/15 progressed further by:

- Working collaboratively with a lighting manufacturer to provide into a major refurbishment project the first of many planned all-LED lighting schemes thereby significantly reducing energy consumption and enhancing the workplace.
- Providing dedicated parking bays with power points in the multi storey car park for recharging electric and plug-in hybrid cars.
- Initiating a programme of changing over from calorifiers in plant rooms to more energy efficient plate heat exchangers.
- Upgrading the condensation return pipework of the site-wide steam heating main to improve efficiency.



New Cross Water

The 2-year consumption data for water is shown below:

2013/14		2014/15	
Water volume (including borehole)	218,205 m ³	Water volume (including borehole)	232,685 m ³

Increased water consumption reflects the increased clinical activity at New Cross Hospital.

Waste

- The Trust has appointed a Waste Manager and a dedicated Waste and Recycling Team.
- The Waste Manager and Bright Ideas team are reviewing the current waste collection service with the intention to increase recycling to at least 66% during the coming year thereby reducing waste to landfill.
- A cardboard baler has been installed at New Cross which now allows cardboard waste to be sold instead of the Trust paying for it to be sent to landfill.
- At New Cross, cardboard, confidential data shredded paper, WEE and metal are all recycled. By introducing more recyclable materials, such as plastics, tin cans and glass, the Trust anticipates increase revenue through the recycled material and reduced expenditure on disposal.
- Clinical waste from the Trust's six Community properties is now being incinerated at New Cross thereby saving the cost of disposal by third party contractors and providing energy for steam heating.
- The Trust is now considering ways in which greater quantities of waste at Cannock Chase Hospital can be recycled in order to reduce waste to landfill.

2013/14		2014/15	
High Temperature Disposal Waste Weight	823 Tonnes	High Temperature Disposal Waste Weight	877 Tonnes
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	131 Tonnes	Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	113 Tonnes
Landfill Disposal Waste Weight	694 Tonnes	Landfill Disposal Waste Weight	649 Tonnes
Waste Electrical and Electronic Equipment (WEEE) Weight	1.5 Tonnes	Waste Electrical and Electronic Equipment (WEEE) Weight	1.5 Tonnes

Carbon Reduction Committee (CRC) Energy Efficiency Scheme

The Combined Heat and Power (CHP) plant produced 62% of all the electricity consumed on the New Cross Hospital site; this electricity generated by the CHP, which is categorised as renewable, is exempted from the CRC.

There was an increase in electricity consumption compared with the previous year, in spite of the energy saving schemes implemented by the Trust, directly attributable to the increase in activity levels associated with the growth in the number of patients admitted and treated at New Cross, up by some 7.5% in the year, and on the effect that the slightly warmer average annual temperature had on the consumption of energy to provide cooling.

Comparison for Electricity consumption for the years 2013/14 and 2014/15 is shown in the tables below:

2013/14	
Electricity Consumed - Utility Total	22,977,534 kWh
Renewable Imported Electricity	7,907,908 kWh
CHP Generated Electricity	15,069,626 kWh

2014/15	
Electricity Consumed - Utility Total	25,324,226 kWh
Renewable Imported Electricity	9,550,230 kWh
CHP Generated Electricity	15,773,996 kWh

All electricity in 2013/14 is categorised as renewable

Comparison for Gas consumption for the years 2013/14 and 2014/15 is shown in the tables below:

2013/14	
Gas Consumed - Total	58,892,693 kWh
CHP Consumed	18,500,595

2014/15	
Gas Consumed - Total	59,069,249 kWh
CHP consumed	19,365,332



A Forward Look: 2015/16

The NHS never stands still, but is constantly adapting to public need and Government direction and leadership, whilst managing with limited resources. A number of significant developments in the NHS will continue to impact on how we deliver our services in 2015/16, and beyond. Some of these, such as the transfer of services and assets from Mid Staffordshire NHS Foundation Trust, have already been mentioned in this report. We will maintain our focus on patient safety. We will also continue with our overarching priorities listed below, and detailed in Section 2 (Quality Account):

- Priority One: Urgent Care;
- Priority Two: Care of the Older Person; and
- Priority Three: End of Life Care

From 1 April 2015 the Trust has a refreshed set of Strategic Goals, which are:

- To maintain the financial health of the organisation and seek appropriate investment opportunities that enable further enhancement of patient services.
- To build a reputation for excellence by achieving top 25% performance against key measures.
- To proactively seek opportunities to improve health services in our local health economy through collaboration and supportive partnerships.
- To improve the culture of compassion, safety and quality in every department and service we offer.
- To have an effective, well integrated organisation which operates efficiently.
- To attract, retain and develop all employees and improve employee engagement year on year.

In support of these strategies and priorities and our overriding principle of delivering high quality safe and effective care there will be a number of developments, including:

- Opening the new Emergency and Urgent Care Centre at New Cross Hospital.
- Further consolidation of services and facilities provided at Cannock Chase Hospital.
- Preparing for a new system of nurse revalidation.
- Working with partners in the local health economy to implement the Better Care Fund.
- Continuing to invest heavily in estates and equipment.
- Responding to new business development opportunities provided by national and local commissioners.
- Developing a new Patient Safety and Quality Strategy, which will reflect that we have signed up to the Safety Pledges.
- Development of End of Life and Bereavement Services.
- Continued integration and development of our Community Services to reduce pressure on the acute side of the Trust.
- Implementing an automated patient flow and bed control system using the same technology as Safehands, giving us an automated real time hospital.
- Developing our current and next generation leaders - We will be developing our leaders through a variety of routes, right through from the tools and training that we give to managers in their first appointment leading a team, through to more formal development for middle and senior managers which will enable them to motivate and engage their teams and manage the challenges of a diverse and multi generation workforce.
- Health and Wellbeing - We will further develop our health and wellbeing strategy and include specific initiatives that will encourage our staff to take responsibility for their own health and wellbeing as well as support that we can provide as a Trust.
- Placing a greater focus on developing a culture that is underpinned by high levels of Trust - where our staff feel they are able to raise concerns and directly be involved and contribute to improving the way we all work.



The Directors' Report

The Trust's Governing Body

The Board of Directors

The Board comprises the Chairman; the Chief Executive; four Executive Directors; six Non-Executive Independent Directors and is supported by three additional Directors and an associate non-executive director. Each Executive Director and Independent Non-Executive Director has an equal vote on the Board. Directors are each responsible to the Board for the delivery and performance for services within their portfolios. The Chief Executive Officer is the Accountable Officer to Parliament. Independent Non-Executive Directors provide challenge and a level of independent scrutiny to decision-making, implementation and reviewing organisational performance. Their backgrounds and experience provide a balance of skills to provide a level of challenge across the range of activities of the Board.

During 2014/15 the Trust Board met monthly (except in August), conducting most of its business in public and allowing time for the press, public and other observers to ask questions of the Directors at each meeting. There were a further six special meetings where specific items were discussed.

At 31 March 2015 the Board comprised 9 female and 6 male directors; two were from a minority ethnic background.

A fuller account of the Board's work is provided in the Annual Governance Statement (Page 33).

The Appointment of Non-Executive Directors

During 2014/15 Roger Dunshea was appointed to a two year term of office as a Non-Executive Director.

Professor Deirdre Kelly, Associate Non-Executive Director since 1 July 2013, resigned with effect from 31 March 2015.

Board Membership



David Loughton, CBE
Chief Executive & Accountable Officer
Appointed 2004

Mr Loughton joined the Trust in 2004 having had extensive experience as a Chief Executive within the NHS. During his career he has developed a new Medical School with Warwick University and achieved financial close on a £400 million new hospital PFI. He has now turned around one of the 17 most financially challenged Trusts in the NHS, whilst improving the quality of care provided to patients. Mr Loughton is a member of the National Institute for Health Research Advisory Board and West Midlands Chief Executive representative for the NHS Confederation Council.

Board Attendance in 2014/15: 15/17

Declarations of Interest:

- Staffordshire, Shropshire and Black Country New-born and Maternity Network (SSBCNN) – Chair
- National Institute for Health Research – Member of Advisory Board
- Dementia Health and Care Champion Group – Member
- Provex Consulting – acquainted with an employee (Paul Elkin)
- Strategic Healthcare Planning – acquainted with directors, and awarded large value contracts to this company when employed with another NHS trust
- Sedgewick Igoe and Associates – acquainted with Kate Brady who undertook work for me when I was employed by another NHS trust
- Health policy adviser to the Labour and Conservative Parties



Jeremy Vanes
Chairman (Acting Chairman until September 2014)
Appointed 2006

Until taking up the position of Chair of the Board, Mr Vanes was Company Secretary for Wolverhampton Advice Agencies Consortium, and Chief Operating Officer of the Wolverhampton Citizens Advice Bureau.

Board Attendance in 2014/15: 17/17

Declarations of Interest:

- Approved foster carer receiving placements from Wolverhampton City Council
- Chief Operating Officer of the Wolverhampton Citizen's Advice Bureau
- Company Secretary of Wolverhampton Advice Agencies Consortium
- Member of Chartered Management Institute
- Member of Labour Party



Roger Dunshea
Non-Executive Director, Chair of Audit Committee
Appointed April 2014

Roger Dunshea has worked in the NHS in Scotland, Wales and England in a variety of positions including Staff Nurse, Project Manager, Clinical General Manager and Executive Director roles. Between 1997 and 2013 he was a Director with Ofwat (the economic regulator of the water sector in England and Wales) with responsibilities covering finance, information systems, human resources and procurement. He has been the chair of governors at a central Birmingham high school and a non-executive director with the Shrewsbury and Telford NHS Trust. He is a member of the General Chiropractic Council, and an independent member of the Medical Research Council's Audit and Risk Committee and Finance Committee. He has recently been appointed as an independent member of the Equality and Human Rights Commission's Audit and Risk committee. He is a volunteer field worker with Natural England. He is a Chartered Public Finance Accountant and Fellow of the Geological Society.

Board Attendance in 2014/15: 15/17

Declarations of Interest:

- General Chiropractic Council - Lay member
- Equality and Human Rights Commission - Independent member of Audit and Risk Committee
- Medical Research Council - Independent member of Risk and Audit Committee



Dr Janet Anderson
Non-Executive Director and Senior Independent Director
Appointed 2010

Dr Anderson was a Consultant Paediatrician at The Royal Wolverhampton Hospitals NHS Trust from 1982-2007. During this time she was also Regional Advisor in Paediatrics to the Royal College of Physicians (1993-1997), Chair of the WM Regional Training Committee for Paediatrics (1997-2002), Chair of the General Professional Training Committee Royal College of Paediatrics and Child Health (1997-2002) and Paediatric Lead for Children's, Young People and Maternity. She was a member of the Reconfiguration Group, West Midlands SHA (2006-2009), and is currently principal regional examiner in Paediatrics for the Far East (RCPCH 2007-2012), and Hon. Senior Lecturer for Birmingham Children's Hospital (1985-ongoing).

Board Attendance in 2014/15: 16/17

Declarations of Interest:

- RCPCH – Senior Examiner and Vice Chair of the Examination Communications Group
- Chair of Governors at Penn Hall School
- Compton Hospice – Trustee/Director
- Honorary Senior Clinical Lecturer, Clinical Teacher, University of Birmingham



Sue Rawlings
Non-Executive Director
Appointed October 2012

Mrs Rawlings is a Chartered Certified Accountant who has worked in the public, private and voluntary sector (last position: Finance and Development Director for Groundwork Black Country, an environmental charity). For the past 11 years she has been joint director of the regeneration consultancy firm RHCS, a well-established, highly skilled consultancy firm working with a range of cross sector clients from the voluntary/community/charitable and public sectors, thus widening her skills. Sue has extensive experience in evaluating the effectiveness of public expenditure and has recently worked with the British Red Cross, conducting older people's needs assessments in the South West and North of England. The changing Health Arena is a particular area of interest. Previously a local improvement advisor appointed via IDEa to the Regional Improvement Efficiency Partnership in the West Midlands, she is also a Trustee of Beacon Centre for the Blind.

Board Attendance in 2014/15: 17/17

Declarations of Interest:

- Rawlings Heffernan Consultancy Services Ltd (RHCS Ltd) – Director/Company Secretary
- Beacon Centre for the blind – Trustee



Cheryl Etches, OBE
Chief Nursing Officer & Deputy
Chief Executive
Appointed 2005

Ms Etches joined the Board in June 2005 after holding the position of Deputy Director of Nursing at Heartlands Hospital in Birmingham. She sits on the national Health Protection Agency Healthcare Associated Infections group. She has also worked in the healthcare system in the Middle East.

Board Attendance in 2014/15: 15/17

Declarations of Interest:

- South Staffs Medical Foundation – Trustee
- ICD Medical - Director
- Arbonne International – District Manager, Independent Consultant
- Calabar Vision 2020 Link – Trustee



Kevin Stringer
Chief Financial Officer
Appointed 2009

Mr Stringer has been in the NHS for 20 years and a Director of Finance for 8 years. He has worked at Director level at Birmingham Children's Hospital and North Birmingham PCT where he was also Deputy CEO. His NHS career to date includes experience in Strategic Health Authorities, Foundation and NHS Trusts which incorporates Primary Care (GPs, dentists), Acute and Specialist (mainly in hospitals) Care and Community Care (District Nursing and Mental Health). He is an active supporter of Healthcare Financial Management Association where he is Chairman of the Governance and Audit Group, and Treasurer.

Board Attendance in 2014/15: 16/17

Declarations of Interest:

- Healthcare Financial Management Association – Chairman of the Governance and Audit Group, and Treasurer (West Midlands Branch)
- Member of CIMA (Chartered Institute of Management Accountants)



Gwen Nuttall
Chief Operating Officer
Appointed 2012

Ms Nuttall has over 20 years' experience working across a diverse range of Acute Hospitals, having previously worked for local Government.

Gwen has worked in various management roles at The Chelsea and Westminster Hospital, Barts and The London NHS Trust and more recently she was the Chief Operating Officer at West Suffolk Foundation Trust Hospital for 8 years.

Board Attendance in 2014/15: 17/17

Declarations of Interest:

None



Jonathan Odum
Medical Director
Appointed February 2011

Jonathan qualified from Birmingham University in 1984 and his post graduate training and studies were undertaken predominantly in the West Midlands (1984-91) and Adelaide, South Australia (1991-93). He was awarded a Sheldon Research Fellowship by the West Midlands Regional Health Authority in 1988 and following completion of the research his thesis was awarded an MD by the University of Birmingham in 1993.

He was appointed into and took up post as a Consultant in General Internal Medicine and Nephrology at New Cross Hospital Wolverhampton in 1993. His clinical interests include diagnosis and management of hypertension and pathophysiological mechanisms underlying and treatment of glomerular disease.

Jonathan was elected as a fellow of the Royal college of Physicians (RCP) in 1999 and has been an MRCP PACES examiner from 1999 to the present day.

He has a significant interest and passion for service development and as Clinical Director for Renal Services from 1995 to 2005 was responsible for the expansion of renal services at Wolverhampton into Walsall and Cannock and the opening of the satellite Haemodialysis units at Walsall and in Cannock Chase Hospital.

Jonathan has held several medical managerial positions in the Trust including Clinical Director of Medicine, Divisional Director posts from 2003-11 and was appointed into the post of Medical Director from April 2011.

Within the Royal Wolverhampton NHS Trust, Jonathan is the Responsible Officer for revalidation of doctors, the Caldicott Guardian and the Medical Director of the West Midlands LCRN.

Board Attendance in 2014/15: 15/17

Declarations of Interest:

None



Maxine Espley
Director of Planning and Contracting
Appointed in April 2011

Maxine Espley has more than 20 years' experience working in a diverse range of health and social care organisations. A qualified social worker, Maxine has led the development and management of housing and care services for vulnerable groups including the establishments of a social enterprise providing health and social care and employment opportunities for the long term unemployed. Maxine has also worked as a Development Manager for a National Mental Health Charity in the not for profit sector.

Maxine joined the Board following the integration with Wolverhampton City PCT Provider Services where she was Managing Director.

Board Attendance in 2014/15: 14/17

Declarations of Interest:

None



Rosi Edwards
Non-Executive Director

Before joining the Board, Rosi worked for the Health and Safety Executive as Regional Director for Midlands, Wales and the South West. She started her career as HM Inspector of Factories in South Yorkshire and moved to the West Midlands in 1987, where she held a variety of senior management posts.

Board attendance in 2014/15: 16/17

Declaration of interests:

- Labour Party, Hall Green Constituency member of Executive Committee
- Labour Party, Moseley and Kings Heath Branch Vice Chair, Auditor, Member of Election Campaign Committee
- Daughter as an employee of Unite the Union takes part in union campaigning, including on the NHS.



Professor Deidre Kelly
Associate Non-Executive Director
Appointed July 2013
(Professor Kelly resigned from the Board wef 31 March 2015)

Professor Kelly is a Consultant Paediatric Hepatologist at Birmingham Childrens Hospital NHS Foundation Trust, and Professor of Paediatric Hepatology at the University of Birmingham. She is on the Council of the General Medical Council, a member of the Advisory Group on Hepatitis and a Governor of the Health Foundation. She has been a Commissioner on the Healthcare Commission and the Care Quality Commission and President of a number of national and international societies.

Board Attendance in 2014/15: 11/17

Declaration of interests:

- Birmingham Children's Hospital NHS Foundation trust – Paediatrician
- Novartis/Roche/Sanofi Pasteur/Astellas – Consultant/ Advisory Board Member on the design of clinical trials in children/standards of formulation for immuno-suppression and therapy of viral hepatitis
- Roche, Novartis, Gliead, Bristol Myers Squibb, Astellas, Schering Plough, Lumena Pharma, Janssen Pharma, Merck, Sharp and Dohme, Vertex Pharma, Sanofi Pasteur – The Liver Unit at Birmingham Children's Hospital receives grants/payment of trial expenses for clinical trials in children with viral hepatitis and/or immunosuppression
- Children's Congenital Heart Services Clinical Implementation Advisory Group (June 2012 – July 2013) – Chairman
- Liver Alliance (from Dec 2011) – Member
- Advisory Group on Hepatitis (from March 2010) – Member
- Muscular Dystrophy Campaign – Services Development Committee (from Oct 2010) – Member
- Health Foundation (from Dec 2008) – Governor
- Children Living with Inherited Metabolic Diseases (CLIMB – from 1999) Medical Advisor
- GMC – Council Member (from 2013)
- New Congenital Heart Disease Review – Clinicians Group – Chairman (from 2013)
- Health Research Authority – Non-executive Director (from 2015)



Mary Martin
Non-Executive Director and Vice-Chair
Appointed July 2013

Mary Martin has senior executive experience in both the public and private sectors. Her business focus has included strategy, business risk assessment, team building, change management, quality management, investigations, controls and reporting. activities cover bank refinancing; private equity; acquisitions and disposals of business and major assets; and exit planning. She currently runs her own small consultancy business having for four years been Pro Vice Chancellor of Birmingham City University. Prior to this her career has included working with Advantage West Midlands; a private venture fund manager focussed on technology start-ups; and she was a Partner with Arthur Andersen, one of the largest international accounting practices. Mary is a trustee of two major Midlands based arts charities; Performances Birmingham and Midland Art Centre. She is a Fellow of the Institute of Chartered Accountants and Oxford University engineering graduate.

Board attendance in 2014/15: 15/17

Declaration of interests:

- Martin Consulting (West Midlands) Ltd – director/owner of the business
- Performances Birmingham Ltd - Trustee/director, non-executive member of Board for the charity
- Performances Birmingham (Enterprises) – Director, trading subsidiary of the charity
- Guardian of the Standard of the Wrought Plate for Birmingham Assay Office
- Edgbaston Priory Club – elected board member
- Midlands Art Centre - Trustee/director, non-executive member of the Board for the charity



Angela Adimora
Director of Human Resources and Organisational Development
Appointed October 2014

Angela Adimora joined the Trust in October 2014 as Director of Human Resource and Organisational Development and has over 18 years' experience of HR strategy development and service delivery both in the UK and overseas.

Her career began with Vodafone and she has since worked across a number of industry sectors from construction (Alfred McAlpine), Pharmaceuticals (Astra Zeneca) and in more recent years with Pearson where she led a significant change management and leadership development programme across Europe, the Middle East and Africa.

Angela has also led on a number of global projects with Jaguar Land Rover (Engineering) and Xchanging (Global Outsourcing) where she managed the people and communications element of a US based technology company acquisition. The experience she gained in these environments has enabled her to contribute to business agendas outside of the HR environment.

A Fellow of both the Institute of Personal and Development and Institute of Directors Angela has operated at board level for the last 10 years and holds a post graduate diploma in Human Resource Management, an MA in HR strategy and an MBA from Manchester University. She also holds several personality testing certifications

Board Attendance in 2014/15: 6/17

Declarations of Interest:

- Blue Meadows Residence – Director
- MCN Consultants



Sultan Mahmud
Interim Programme Integration Director
Appointed August 2014

Sultan Mahmud has been in the NHS for 15 years and joins the Trust from NHS England where he was the Director of Commissioning for the Shropshire and Staffordshire Area Team. He has undertaken senior management roles in both provision and commissioning arms of the NHS including clinical and business informatics, programme management, performance management, primary and secondary care commissioning. Sultan has also enjoyed a spell in the pharmaceutical industry working in medical regulatory affairs.

Board attendance in 2014/15: 10/17

Declarations of Interest:

None



Diane Pugh
Interim Director of Human Resources
 July 2014 – November 2014

Board attendance: 7/15

Declarations of Interest:

None



Denise Harnin
Director of Human Resources
Appointed in February 2006
(left the trust in April 2014)

Ms Harnin a Fellow of the Chartered Institute of Personnel and Development is an established HR practitioner. She has worked in the NHS at Birmingham Heartlands and Solihull Trust, since 1988 operating at board level for 16 years. Ms Harnin has also worked with NHS employers at national strategy and policy level.

Board Attendance in 2014/15: 0/17

Declarations of Interest:

- Johnson Fellows Chartered Surveyors (connection through family) and provides HR support as required

Supporting Committees

The Board is supported by a number of Committees which report to it, as set out below:

- Board of Directors – general enabling power, sets the Trust’s strategic aims, ensures that the necessary financial and human resources are in place for the trust to meet its objectives, and reviews management performance.
- Audit Committee – monitors the integrity of the Trust’s financial statements, reviews its internal financial controls, monitors and reviews the effectiveness of the Trust’s internal audit function, and oversees the work of the counter-fraud service, and Trust Security. The Chair of the Committee changed during the year from Sue Rawlings to Roger Dunshea, and since July 2014 the other members were Mary Martin, Dr Anderson and Rosi Edwards, one of whom is a retired consultant paediatrician. Two of the other three Committee members have a background in accountancy
- Remuneration Committee – reviews Executive Directors’ remuneration, and appraises the Chief Executive.
- Finance and Performance Committee - provides assurance to the Board on the effective financial and external performance targets of the organisation.
- Quality Governance Assurance Committee - provides assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. It also provides assurance of proactive management and early detection of risks across the Trust.
- Charity Committee – provides strategic direction, and administers the Trust’s Charitable Funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

A more detailed account of the work of the Committees may be found in the Annual Governance Statement (Page 33)

Disclosure to Auditors, and Summary Details of Better Payments Code, Pensions Liabilities, External Auditors’ Remuneration and Sickness Absence

The following table is a guide to where this information is located in the Annual Account Section:

Item	Page in Annual Accounts section
Disclosure to Auditors	48
Pensions Liabilities Statement	48
External Auditors’ Remuneration	48
Sickness Absence	47
Better Payments Practice Code	47
Prompt Payment Code	47

Cost Allocation and Charges for information

The Trust has complied with HM Treasury's Managing Public Money requirements (published July 2013), with regard to setting charges for information to recover full costs, further to appropriate cost allocation.

The Secretary of State for Health has directed that the Financial Statements of NHS Trusts shall meet the accounting requirements of the NHS Trusts Manual for Accounts, agreed with HM Treasury. Consequently, the Financial Statements of the Trust have been prepared in accordance with the 2014-15 NHS Manual for Accounts issued by the Department of Health. The Accounting Policies contained in the Manual follow International Financial Reporting Standards, (IFRS), to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, advised by the Financial Reporting Advisory Board. Where the NHS Trusts Manual for Accounts permits a choice of Accounting Policy, the Policy which is judged to be most appropriate to the particular circumstances of the Trust, for the purpose of giving a true and fair view, has been selected. The particular Policies adopted by the Trust are described in full in the Accounts and have been applied consistently in dealing with items considered material in relation to the Accounts.

Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Clinical Commissioning Groups and NHS England and the way those Clinical Commissioning Groups and NHS England are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the strategic health authority. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2015 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Financial Assets	Loans and receivables	Total
	£000s	£000s
Receivables - NHS	13,983	13,983
Receivables - non-NHS	3,788	3,788
Cash at bank and in hand	41,598	41,598
Total at 31 March 2015	59,369	59,369

Receivables - NHS	11,039	11,039
Receivables - non-NHS	2,297	2,297
Cash at bank and in hand	27,087	27,087
Total at 31 March 2014	40,423	40,423

Financial Liabilities	Other	Total
	£000s	£000s
NHS payables	5,614	5,614
Non-NHS payables	40,975	40,975
PFI & finance lease obligations	7,828	7,828
Total at 31 March 2015	54,417	54,417

NHS payables	4,364	4,364
Non-NHS payables	29,206	29,206
PFI & finance lease obligations	8,214	8,214
Total at 31 March 2014	41,784	41,784

Information Governance

A summary of serious untoward incidents involving personal data as reported to Commissioners in line with Strategic Executive Information System (STEIS) reporting requirements and/or Information Commissioner's Office (ICO) in 2014/15 is outlined below:

Number of incidents	Brief Description
12	Data found in public place
7	Data lost/missing/stolen
12	Data sent/given to wrong person

There are currently ten incidents still open and on-going. An incident involving a personal laptop was reported to the ICO and is open, and actions are being implemented.

Listening to Our Staff

The Human Resources and Organisational Development Strategies outline the Trust approach to staff engagement and participation. We believe that engaged staff deliver better care and have therefore implemented a suite of involvement methodologies to ensure that we maximise employee engagement. These encourage a multi-disciplinary approach with the focus being on enabling and empowering everyone at all levels to lead, own and drive change.

The Trust response rate for the 2014 National NHS Staff Survey was 34%, a reduction of 1% on the previous year's survey (2013 = 35%). The Trust's response rate for 2014 when compared with other comparative Trusts is below average of acute Trusts in England. The Trust scored above average across 11 out of 29 indicators.

The score for Staff engagement in 2014 was 3.71 out of a possible 5; compared to a score of 3.81 in 2013, moving this indicator from above average to average.



A key tool that we utilise is a local monitoring process called 'Chatback'. This focuses on aspects of engagement and participation that are of local interest. It enables us to get in-depth feedback from our staff at a departmental level to enable rapid action planning at a team level. The Trust has found this tool to be an invaluable catalyst to getting staff engaged with identifying and removing blockages to service delivery/wider aspects of departmental performance. The fact that it is a local intervention

that can be tailored to the specific needs of the Trust has meant that it remains flexible and responsive.

In engaging with its staff the Trust uses a range of methods such as staff briefings, electronic communication and availability of information via the intranet which, in addition to information such as Trust Board paper, strategies and future plans, includes links to key external information and websites. Staff are actively encouraged to get involved in planning for and implementing services changes and new ways of working and the Trust has a good record of involvement and engagement with Staff Side bodies. Successes of individuals and the Trust as a whole are recognised through annual award ceremonies and through support for the development of submissions for local and national awards where the Trust has had some significant achievements.

Equality Statement

The Trust remains committed to equality of opportunity and eliminating all forms of discrimination. Its Equal Opportunity Policy and training programme reinforces the objective that no employee or job applicant receives less favourable treatment, irrespective of background or sexual orientation. The 2010 Equality Act provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation. The Trust will continue to be a local leader in this area. The Trust has maintained its accreditation under the Positive About Disabled People initiative and works hard to ensure that all reasonable adjustments are made to support both new employees and those who become disabled whilst in employment.

Control measures are in place aiming to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Health and Safety at Work

The Management of Health and Safety Policy (HS01) was reviewed and approved in November 2014. The policy is now being implemented across the Trust's sites including the newly acquired Cannock site. The management of Health and Safety at the Cannock site has been a significant focus with improvements seen in the structure and implementation of Health and Safety regulations, staff and safety representative training and improved identification and management of Health and Safety risks. There is good engagement between staff and the Health and Safety team working at Cannock.

Health and Safety audits Trust wide have shown a marked improvement over 2014/15 and have provided assurance that the Trust is meeting the mandatory requirements of relevant Health and Safety Executive (HSE) Legislation. In summary it shows that risk assessments undertaken are being monitored through local governance processes, workplace inspections are being undertaken and reported where relevant, and risks identified.

Further to audit benchmarks obtained at Cannock at November 2014, the Trust's annual audit programme is to be rolled out at the Cannock site during 2015/16. The Trust policy (HS01) has provided a workable Health and Safety system to enable this to be achieved.

The Health and Safety Steering Group (HSSG) are active in supporting and monitoring HSE compliance and providing assurance to the Trust of work being undertaken. Assurance reports received by HSSG have improved during 2014/15 from specialist areas (e.g. Waste, Electrical, Facilities, Water (Safety)) providing the detail required to provide assurance to the Board (in its Annual Health and Safety Report) of compliance with HSE regulation.

Focus for 2015/16 will be on the introduction of Health and Safety indicators for incidents relating to Contact, Manual Handling (inanimate), Manual Handling (people), Sharps and Slips trips falls. These topics were highlighted during the audit of 2014/15 as areas the Trust requires to improve on. It is proposed that the indicators as well as focused work will assist in the reduction of incidents and harm (including Reporting of Injuries Diseases and Dangerous Occurrence Regulations (RIDDOR) reportable incidents). With the improved position of all areas having the necessary risk assessments in place, the Health and Safety team will be able to place more focus on targeted intervention using the information being monitored. Audits will change to focus on practical observation, self-assessment and audit of staff knowledge of local Health and Safety systems.

The Health and Safety team work plan has now shifted to undertaking a review of the Trust against the HSE guidance for Health & Social Care organisations and working with the corporate areas responsible for the areas within the guidance, such as water safety (Legionella), electricity, contractors, bedrails, and driving for work.

Fraud

The Trust reviewed its local Anti-Fraud, Bribery and Corruption Policy in July 2013. The purpose of the Policy is to:-

- Define key board, management level and staff responsibilities for preventing bribery and corruption; plus standards for the Trusts contractors and any other stakeholders having contact with the Trust;
- Provide appropriate information and guidance to those working for the Trust, with the Trust and having contact with the Trust, to include recognition and appropriate dealings with fraud, bribery and corruption indicators.

The stated aims and objectives of the Policy are to:-

- Define responsibilities for preventing bribery and corruption at all levels including staff, managers and members of the Governing Body and to provide standards for contractors;
- Clarifies the Trust's stance and commitment to ensuring there is a robust and clear approach to tackling bribery;
- Provide appropriate information and guidance to those working for the Trust on how to recognise and deal with fraud, bribery and corruption indicators.

The Trust has designated a management team member as "Compliance Officer" who is responsible for ensuring that the Trust implements the Policy and for carrying out oversight functions, as well as supporting other related Policy functions, eg, Standards of Business Conduct Policy, Raising Concerns at Work Policy, and Anti-Fraud Policy.

The Trust employs a Local Counter Fraud Specialist, (LCFS), in support of the Chief Financial Officer, who is consulted immediately if tangible grounds emerge to suspect any fraudulent activity, coordinating operation liaison with NHS Protect, the National Investigation Service or the Police, as appropriate.

The LCFS reports regularly to the Trust's Audit Committee presenting updates on anti-fraud activities undertaken within the Trust and provides an Annual Anti-Fraud Report which includes a declaration by the Chief Financial Officer that the anti-fraud, bribery and corruption work carried out has been self-reviewed against the NHS Protect Standards and NHS Standards.



Emergency Preparedness & Business

RWTs Resilience Activities

The Health and Social Care Act 2012 significantly affected emergency preparedness arrangements with many functions being distributed to new bodies etc.; Public Health England, NHS England and CCGs . During this period there have been many changes to the national resilience framework assurance requirements in delivering an emergency preparedness resilience & response across the NHS.

We have been faced with many challenges; preparedness for an 'Ebola' outbreak, maintaining services to our patients in the event of industrial action and ensuring the safety of staff and patients in the event of 'fire strikes', and responding to a major emergencies.

As a category 1 responder under the CCA 2004, the Trust has continued in its resilience arrangements, compliance against the new EPRR framework and alignment to the Business Continuity standard ISO 22301.

Emergency Planning has involved

- Review & Update of the Trust's Emergency Preparedness Strategy
- Review & Update of Major Incident Plan
- Review & Update of CBRN plan, training, maintenance
- Develop a framework for managing industrial action
- Update Heatwave and Cold Weather Alert plan
- Production of Severe Weather Plan
- Review and update of Pandemic Influenza Plan
- Continued delivery of the Prevent strategy

Business Continuity

- Review & update of business continuity framework & development of a BCM Policy
- Divisional, Directorate & Service Department Business Continuity Plans
- Business Continuity status monitoring tool
- Migration of Cannock Chase Hospital into RWT Business continuity framework
- Development of an e-learning package for all staff in business continuity management
- Actively took part in the international Business Continuity Awareness week 19th March as part of the Trust's process for embedding the principles business continuity.

Specialised resilience ad hoc planning

Ebola

- Development of Ebola Guidance for front line staff – Emergency Department
- Putting PPE in place
- Training & tests
- Awareness raising & communications

Assurance

Several audits and self- assessments internally and externally have been undertaken:

- EPRR core Standards – October 2014 and March 2015 – action plan in place
- CBRN Self-assessment & visit – November 2014 & visit January 2015 – Nil recommendations
- Business Continuity Internal Audit – January 2015 – action plan in place

Some of the assessments have identified areas of improvement and will be taken forward as part of 2015/2016 emergency preparedness work programme.

Compliance of EPRR Core standards

A gap analysis was conducted against the NHS Core Standards for Emergency Preparedness Resilience & Response (EPRR) 2013/2014-15, to ensure the Trust was compliant with a series of gaps being identified and action plan put in place.

Live incidents

Industrial Action 13th October 2014 & 24th November 2014.

The Trust put several contingency arrangements in place with minimal impact to its services to patients.

Fire Strikes

There have been several throughout the year, with several contingency arrangements being put in place each time a strike is announced, this resulting in Nil impact on the Trust or the services we provide.



s Continuity

Exercising & Testing

Throughout the year, the Trust has undertaken silver command training sessions and exercising initiatives.

- Testing of Ebola response – Emergency Department staff – November 2014
- Table Top Exercise - Nucleus Theatres – fire evacuation response and business continuity – May 2014

Procedures/plans being updated.

- Silver command training October 2014, March 2015 – training being one of the key priorities for 2015/2016 for Trust on call managers.

Communication Testing

The Trust has implemented an electronic call cascade system to speed up the response rate when responding to a major incident. This system went 'live' November 2014, with a series of communication tests taking place every month since its implementation. This is still being embedded as part of the Trust's communication testing programme with the results to date improving greatly. The Trust has undertaken 3 communication tests this year.

Partnership working

The Trust is actively engaging with a variety of groups to ensure a joint approach for sharing information, planning, responding and recovery of incidents/severe disruptions.

- Local Health Resilience Partnership
- Local Health Resilience Forum
- West Midlands Health Emergency Planning Group
- Wolverhampton Resilience Group
- Health Protection Group for Public Health Response
- Sharing information through Resilience Direct



Prevent: is central to the safeguarding agenda and is therefore a priority within safeguarding policies, procedures and training. The Trust is continuing to take this agenda forward, with 2223 staff attending a health workshop to raise awareness of Prevent (as at 31 March 2015) and being part of the Trust's induction programme for new starters. The training of this will continue to be rolled out to all staff as part of safeguarding training with effect from April 2015.

Principles for Remedy

When dealing with complaints, the Trust fully adheres to the Principles for Remedy issued by the Parliamentary and Health Service Ombudsman. The good practice principles contained in this are:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right; and
- Seeking continuous improvement.

These principles are put into action in a variety of ways, including training staff to ensure they are aware of and can use the Complaints Policy which supports these principles. More detail is available within the Quality Account on page 86.

Off Payroll Engagements

There have been no off-payroll senior or highly paid engagements during 2014/15, and this is covered in the Remuneration Report section on page 29.

Sustainability Report

For this year, the Sustainability Report is included within the section of the Annual Report headed "Delivering the Estate Strategy" on page 12.

Public Interest Disclosure

The Trust is required to comply with HM Treasury and Office of Public Sector Information guidance about making information widely available. The Trust complies with this guidance and only requests fees for information in line with statutory guidance. The Trust made no political or charitable donations over this year.

Section 1.1- Remuneration Report

The Trust has a Remuneration Committee whose role is to advise the Board on appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. Membership of the Committee comprised of the Chairman and all Non-Executive Directors, namely Jeremy Vanes, Janet Anderson, Rosi Edwards, Mary Martin, Sue Rawlings, and Roger Dunshea.

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance. This also takes into account the comparison with remuneration levels for similar posts, both within the National Health Service and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for "performance-related pay".

During 2014/15 the Committee resolved not to award any pay increase to the Executive Directors of the Trust.

It is not the Trust's policy to employ Executive Directors on, 'rolling' or 'fixed term' contracts. All Directors' contracts conform to NHS Standards for directors, with arrangements for termination in normal circumstances by either party, with a written notice of six months.

There have been no off payroll senior or highly paid engagements during 2014/15, and there have been no payments made to third parties for the services of a senior manager.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2015 is set out in table below:

Signed:  Date: 29 June 2015

David Loughton CBE Chief Executive

Statement of the Chief Executive's Responsibility as the Accountable Officer of the Trust

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:  Date: 4th June 2015

David Loughton CBE, Chief Executive.

Signed:  Date: 4th June 2015

Kevin Stringer, Chief Financial Officer.




Remuneration Report

The Trust has a Remuneration Committee whose role is to advise the Board on appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. Membership of the Committee comprised of the Chairman and all Non-Executive Directors.

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance. This also takes into account the comparison with remuneration levels for similar posts, both within the National Health Service and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for "performance related pay".

It is not the Trust's policy to employ Executive Directors on "rolling" or "fixed term" contracts. All Directors' contracts conform to NHS standard for directors, with arrangements for termination in normal circumstances by either party with written notice of six months.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2015 is set out in the attached schedules.

Signed: 

Date: 29th June 2015

David Loughton CBE
Chief Executive

Name and Title	2014-15						2013-14				
	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Adjustments*	Total	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total
	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
Executive Directors											
D Loughton Chief Executive	210-215	0	0	0	0	210-215	210-215	0	0	17.5-20	225-230
J Odum Medical Director	130-135	60-65**	0	0	0	195-200	130-135	60-65*	0	2.5-5	195-200
G Nuttall Chief Operating Officer	130-135	0	0	0	0	130-135	130-135	0	0	102.5-105	235-240
K Stringer Chief Financial Officer	135-140	0	0	0	0	135-140	135-140	0	0	15-17.5	150-155
C Etches Chief Nursing Officer and Deputy Chief Executive	130-135	0	0	0	0	130-135	130-135	0	0	5-7.5	135-140
S Mahmud Interim Programme Integration Director (from 01/09/2014)	65-70	0	0	0	0	65-70	0	0	0	0	0
Non-Executive Directors											
R Harris Chairman from 06/03/2013 to 31/12/2013)	0	0	0	0	0	0	15-20	0	0	0	15-20
J Vanes Chairman (from 29/09/2014)	15-20	0	0	0	(0-5)*	15-20	0	0	0	0	0
J Vanes Acting Chairman (from 01/11/2012 to 06/03/2013 and from 19/12/2013 to 28/09/2014)	10-15	0	0	0	0	10-15	5-10	0	0	0	5-10
J Vanes Non-Executive Director and Vice Chairman (from 06/03/2013 to 18/12/2013)	0	0	0	0	0	0	0-5	0	0	0	0-5
S Kalirai Non-Executive Director (from 01/07/2012 to 28/02/2014)	0	0	0	0	0	0	5-10	0	0	0	5-10
B Jaspal-Mander Non-Executive Director (to 31/05/2013)	0	0	0	0	0	0	0-5	0	0	0	0-5
S Rawlings Associate Non-Executive Director (from 01/10/2012 – 03/07/2013, then Non-executive Director from 04/07/13)	5-10	0	0	0	0	5-10	5-10	0	0	0	5-10
J Anderson Non-Executive Director	5-10	0	0	0	(0-5)*	0-5	5-10	0	0	0	5-10
J Holder Associate Non-Executive Holder (from 20/08/2012 to 18/04/2013)	0	0	0	0	0	0	5-10	0	0	0	5-10

Name and Title	2014-15						2013-14				
	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Adjustments*	Total	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total
	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
Professor D Kelly Associate Non-Executive Director (from 01/07/2013 to 31/03/2015)	5-10	0	0	0	0	5-10	0-5	0	0	0	0-5
D R Edwards Associate Non-Executive Director (from 01/07/2013) then Non-Executive Director from 25/11/13	5-10	0	0	0	0	5-10	0-5	0	0	0	0-5
D Ritchie Non-Executive Director (from 22/07/2013 to 31/10/2013)	0	0	0	0	0	0	0-5	0	0	0	0-5
M Martin Non-Executive Director (from 04/07/2013)	5-10	0	0	0	0	5-10	0-5	0	0	0	0-5
R Dunshea Non-Executive Director (from 01/04/2014)	5-10	0	0	0	0	5-10	0	0	0	0	0
M Espley Director of Planning and Contracting	125-130	0	0	115-117.5***	0	240-245	125-130	0	0	0	125-130
D Harnin Director of Human Resources (to 04/04/2014)	0-5	0	0	0	0	0-5	105-110	0	0	22.5-25	125-130
D Pugh Acting Director of Human Resources (from 07/04/2014 to 14/12/2014)	65-70	0	0	0	0	65-70	0	0	0	0	0
Angela Adimora Director of Human Resources & OD (from 10/11/2014)	50-55	0	0	0	0	50-55	0	0	0	0	0

The Manual for Accounts dictate the format for which this report should take. For the columns which are not applicable to the Royal Wolverhampton NHS Trust as there are no payments in respect of these categories, these have been omitted from the report. The Pension related benefits are all benefits received in year from participating in pension schemes excluding any contributions by the employee in the period. Where negative figures have occurred as a result of salary increases not matching the inflation assumptions these have not been included as per the Department of Health's Manual for Accounts. Where an individual has only been in post for part of the year entries have not been calculated.

*In line with the Companies Act 2006 and Schedule 8 of the Statutory Instrument 2008 No. 410, replaced in 2013 by updated Regulations, the Trust is required to document any adjustments to Directors salaries. The figures shown above relate to repayments in relation to previous year's salary, following a review initiated by the Board. The salary payments were fully declared in previous years Annual Reports Remuneration Statements and paid in good faith for additional work (but not agreed by the Secretary of State). The Trust Development Authority, (TDA), were fully informed.

** This relates to Dr Odum's role as a Renal Physician

*** During the financial year ended 31 March 2014 M Espley changed pension scheme membership, which provided a negative value for pension related benefits last year but results in a significant increase in pension benefits being shown for 2014/15. - This is predominantly because the 2008 NHS pension scheme

accrual rate is in 1/60's rather than 1/80's per year but the pension can only be accessed at age 67 rather than age 60.

During the financial year ended 31 March 2015 a compensation payment for £10,000 was made to one former senior manager. The definition of senior managers used to establish who should be included in the table above is that given in the Manual for Accounts:-

"those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments." Total remuneration for senior managers in year ended 31 March 2015 was £1,119,672, 0.24% of income (31 March 2014 £1,042,068, 0.26% of income).

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Real increase in pension lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Employer's Contribution to Stakeholder Pension To nearest £100
D Loughton Chief Executive	£0 - £2,500	£2,500 - £5,000	70-75	210-215	0	0	0	0
J Odum Medical Director	£0 - £2,500	£0 - £2,500	45-50	135-140	851	27	912	0
K Stringer Chief Financial Officer	£0 - £2,500	£0 - £2,500	50-55	150-155	890	27	953	0
C Etches Chief Nursing Officer and Deputy Chief Executive	£0 - £2,500	£0 - £2,500	50-55	155-160	1,005	26	1,070	0
G Nuttall Chief Operating Officer	£0 - £2,500	£0 - £2,500	40-45	125-130	683	20	731	0
M Espley Director of Planning and Contracting	£5,000 - £7,500	£20,000 - £22,500	20-25	15-20	213	24	253	0
D Harnin Director of Human Resources (to 04/04/2014)	£0 - £2,500	£0 - £2,500	15-20	25-30	294	0	375	0
D Pugh Acting Director of Human Resources (from 07/04/2014 to 14/12/2014)	£0	£0	10-15	30-35	0	0	189	0
Angela Adimora Director of Human Resources (from 10/11/2014)	£0 - £2,500	£0 - £2,500	0-5	0	0	2	9	0
S Mahmud Interim Programme Integration Director (from 01/09/2014)	£0 - £2,500	£2,500 - £5,000	0-5	0	16	7	32	0

The real increase in Cash Equivalent Transfer Value is not applicable for D Loughton given that he is now over 60. During the financial year ended 31 March 2014 M Espley changed pension scheme membership and as a result the benefits have been calculated on the new scheme. D Pugh was in her role as Acting Director for the financial year ended 31 March 2015 only therefore there are no prior year comparators available.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement

which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in The Royal Wolverhampton NHS Trust in the financial year 2014-15 was £210-215k (2013-14, £210-215k). This was 8.5 times (2013-14, 8.8) the median remuneration of the workforce, which was £20-25k (2013-14 £20k-£25k). In 2014-15, 0 (2013-14, 0) employees received remuneration in excess of the highest-paid director.

Governance Statement 2014-2015

Organisation Code: RL4

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Trust policies, aims and objectives, whilst safeguarding quality standards; the public funds and the Trust's assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities for propriety and accountability issues as set out in the NHS Accountable Officer Memorandum.

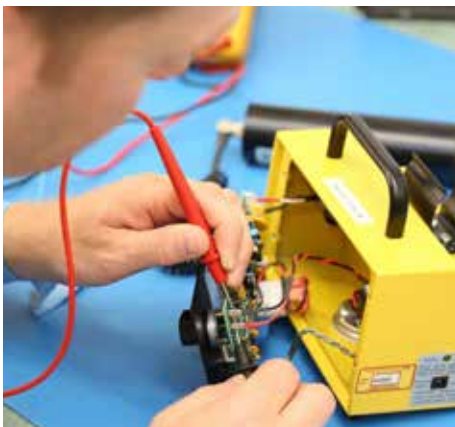
I acknowledge that I must discharge my duty of partnership, and this is effected in a number of ways. As Chief Executive, I attend the Local Authority Overview and Health Scrutiny Panel in Wolverhampton where a range of topics has been discussed with elected members during the year. I have also attended the Healthy Staffordshire Select Committee, and met with leading members and officers at Cannock Chase District Council, in recognition of the fact that with the acquisition of Cannock Chase Hospital and the transfer of services from Mid Staffordshire NHS Foundation Trust (MSFT) an increasing number of our patients are now being drawn from Staffordshire, and therefore our relationship with the health economy there is growing closer and stronger. The health economy which we serve is increasingly complex.

There has been a board to board meeting with the Wolverhampton Clinical Commissioning Group (CCG) and members of my Executive Team and I have attended meetings with the Cannock Chase and Stafford and Surrounds CCGs, Wolverhampton Healthwatch, and Wolverhampton Health and Wellbeing Board (of which the Trust will be a full member from 2015/16). Wolverhampton Healthwatch participated in the appointment of the Non-executive Director who joined the Trust on 1 April.

Close links are maintained with NHS England and the NHS Trust Development Authority (TDA) through a range of group, individual, formal and informal meetings. I participate in the meetings of West Midland NHS Provider Trust Chief Executives. All Executive Directors are fully engaged in the relevant networks, including finance, nursing, medical, operations and human resources.



I am supported in my engagement with partner organisations by the Chairman of the Board, who this year has met with his counterparts at Dudley, Walsall, North Staffs, Sandwell, Black Country Partnership NHS Foundation Trust (BCPMHFT), West Midlands Ambulance Service NHS Foundation Trust (WMAS), as well as regular meetings with local authority members and officers, and other key players in the city's business and third sector communities. I meet periodically with the local Members of Parliament.



2. The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Wolverhampton NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the whole year, and up to the date of approval of the annual report and accounts.

3. The governance framework of the organisation

The Trust has a well-established framework for governance to inform the Board of operational and strategic risks as well as to provide assurance on business performance and compliance. The framework sets in place under the Trust Board a high level committee and management structure for the delivery of assured governance.

up as Interim Director, until her substantive replacement joined in November.

The Board was further strengthened in August 2014 by the appointment of an Interim Programme Integration Director, with particular responsibilities for the transfer and development of services at the Trust, including the recently acquired Cannock Chase Hospital.

national performance measures and 12 month trends). This report includes workforce data such as staff turnover and appraisal rates, metrics relevant to patient experience (such as medication incidents, infection prevention, Friends and Family Test scores and cancelled operations), and those relating to operational performance (such as targets for Referral to Treatment Times, time spent in the Emergency Department, ambulance handover times and cancer waiting times). The indicators within the report are reviewed annually and approved by the Trust Board.

The Board positively welcomed the seminar on “Never Events and Human Factors”, laid on for a cross section of Trust staff previously involved in, or concerned to know more about, never events. They also appreciated the visit by the Emergency Care Intensive Support Team, to examine systems and processes for delays in transfer of care.

Building on the external review of governance during 2013/14 there was increased reliance on the effective use of Board committees for more detailed scrutiny of performance and risk, with greater exception based reporting to support escalation of performance and risk matters which required the full Board’s attention or decision.

During the course of the year, the Non-executives made the Board aware of an NHS organisation that had allegedly made wrongful payments to its non-executive directors. As a result, the Trust instigated work to review payments to its own non-executive directors over the preceding eight years and identified some



Sub Board assurance committees are constituted to ensure the delegated operation of effective risk management systems, processes and outcomes. These committees inform and assure the Board through the functioning and reporting of sub-groups and specialist working groups defined in their terms of reference.

Trust Board

The Board has met monthly (except in August), with additional meetings (to consider the MSFT transaction, the proposed new Emergency Centre, and the transfer of services and assets from MSFT). Except for matters requiring commercial confidence or having sensitive human resources implications, it has conducted its business in public and allowed time for the press, public and other observers to ask questions of the Directors at each meeting.

To raise the Board’s profile one meeting was held at Cannock Chase Hospital, and one in the Gem Centre (Wednesfield). A high attendance rate by Directors was recorded during the year.

The Acting Chair became the substantive Chair at the end of September, and a new Non-executive Director (NED) joined in April (taking over as Chair of Audit Committee).

The Director of Human Resources left the Trust in April 2014, and her Deputy acted

The Associate Non-executive Director resigned with effect from 31 March 2015, and the process to recruit a Non-executive Director (the vacancy left when the Acting Chair became Chair) and an Associate Non-executive Director was well underway by the year’s end. At 31 March 2015 the Board comprised 9 female and 6 male directors; two were from a minority ethnic background.

At each meeting the Trust Board considered reports on:

- Quality and safety;
- Serious incidents;
- Operational Performance;
- Financial issues and performance;
- Board Assurance Framework and Trust Risk Register;
- Reports and minutes from the Board’s standing committees;
- Cost Improvement Programme (financial and qualitative delivery – within the finance report);
- Never Events (standing item on the public agenda); and
- Mortality (within the Integrated Quality and Performance Report)

The Board receives a monthly Integrated Quality and Performance report (including



wrongful payments. The salary-related payments were fully declared in the Trust's remuneration reports and action has been taken to recover the payments. The Trust Development Authority was informed. Policies and procedures have been reviewed and updated with training provided to prevent any recurrence.

The Board strives to maintain an appropriate balance between strategic matters and supervising the management of the Trust. Among the former during 2014/15 were: the acquisition of services and assets from MSFT, including Cannock Chase Hospital, the development of a new Emergency and Urgent Care Centre, nurse recruitment, the development of the Health Clinical Research Network (West Midlands) for which the Trust serves as host, and the Cost Improvement Programme (CIP). One of its strategic decisions, taken in consultation with the Trust Development Authority, was to formally cease its current Foundation Trust application.

Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance with relevant principles of the Code is considered to be good practice. This Governance Statement is intended to demonstrate how the Trust had regard to the principles set out in the Code considered appropriate for the Trust for the financial year ended 31 March 2015. The Board was in a position to comply with the Fit and Proper Persons Test regulations from 1 April 2015.

The Board maintains strong relations with stakeholders, including local commissioners, Healthwatch, local authority overview and scrutiny committees, and the Trust's shadow governors, who meet bi-monthly and

whose meetings are chaired by the Board Chairman. The Shadow Lead Governor attends all Board meetings. A Board to Board meeting with Wolverhampton CCG took place and more are planned. The Board was represented at the City-wide Obesity Summit in 2014, and the City's Director of Public Health addressed the Board on this topic and on infant mortality. I spent a considerable amount of time, variously supported by other Directors, attending meetings in Staffordshire in connection with MFST. This included the meetings of the Local Transition Board and Joint Transition Board, joint Executive Director meetings with counterparts at MSFT, Stafford CCG, Cannock Chase CCG, Staffordshire Healthwatch, and the Overview and Scrutiny Committee meetings of the County Council and of certain District Councils as well.

The Non-executive Directors are committed to self-development and learning, as evidenced by frequent attendance at events arranged by NHS Providers, Healthcare Financial Management Associate (HFMA) NED forum, Chair and NED events put on by the Health Services Management Centre, and networking via private firms (particularly legal firms specialising in healthcare law).

In addition to the Committees listed below, Non-executive Directors are also involved in sub Board level groups. This enables them to gather information, question and, when appropriate, offer challenge and/or assurance at different levels within the organisation. As a group they have visited community services, and visited a number of key building projects on the New Cross site, as well as individually taking part in Safety Walkabouts and Chairing Consultant Interview Panels.



Audit Committee

Members: R Dunshea, J Anderson, M Martin, R Edwards (from July 2014), and S Rawlings (until July 2014).

The aims of the Committee are to provide the Board with an independent and objective review of its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. During the year under review the Audit Committee met quarterly, and at each meeting considered progress updates on: Security management, Internal Audit, External Audit, the work of the Local Counter Fraud Specialist, and tracking of the implementation of auditors' recommendations across the Trust. Any significant issues raised at the Quality Governance Assurance Committee have continued to be reported by the Non-executive Director who sits on both Committees and this, coupled with an annual joint meeting, ensures a strong flow of information between the two Committees and avoids duplication of effort.

The Committee also received and discussed occasional reports on, among other things: the Annual Report for Trust Charitable Funds, the Trust Annual Report, the Quality Account and Annual Accounts 2013/14, and the development of KPIs to test the Committee's effectiveness. The Committee also undertook its own annual assessment. These matters featured in the Committee's reports to the Board, as did a high level summary of the Internal Audit reports received at each meeting. The Board has been kept informed of when



audit reports showed high or medium risk recommendations requiring management attention, and has been assured that mitigating actions are being taken in accordance with the agreed timeframes.

The Committee also receives regular reports from the Local Counter Fraud Specialist. The Trust currently complies fully with the National Strategy to combat and reduce NHS fraud, having a zero tolerance policy on fraud, bribery and corruption, and has a counter fraud plan and strategy in place designed to make all staff aware of what they should do if they suspect fraud. The Committee monitors this strategy and oversees where fraud is suspected and fully investigated.



The Committee seeks assurance that appropriate action has been taken, which can result in criminal, disciplinary and civil sanctions being applied. There were no significant frauds detected during the year, although some cases reported to the counter fraud team remain on-going.

Particular attention has been paid this year to the transfer of services from the former MSFT. The Committee has sought information and assurance about the financial and risk aspects of this significant development. This included work around the transfer, as appropriate, Internal Audit recommendations relating to MSFT, and their incorporation into our own recommendation tracker.

The Chair of the Quality Governance Assurance Committee (a retired consultant paediatrician) is a member of the Audit Committee, which helps to maintain the flow of information between the two, including clinical audit matters. Two of the other three Committee members

have a background in accountancy. The Committee has given greater priority, when creating its internal audit work plan for 2015/16, to the audit and assurance requirements of the Finance and Performance Committee and Quality Governance Assurance Committee.

Non-executive Directors' attendances were recorded as being high during the year, and the Committee was quorate at each meeting. A new Chair commenced in June, and he has initiated a number of changes in the content and management of the agenda.

Quality Governance Assurance Committee (QGAC)

Members: J Anderson, R Edwards, D Kelly, J Vanes.

The Quality Governance Assurance Committee provides assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. It also provides assurance of proactive management and early detection of risks across the Trust. High Non-executive Directors' attendance rates at the monthly meetings of this Committee were recorded throughout the year, although its October meeting was not quorate.

The Committee considered various matters during the year. The Board Assurance Framework (BAF) and Trust Risk Register (TRR), and the Integrated Quality and Performance Report were reviewed in

detail at each meeting. One outcome of this was to recommend the Board to place greater reliance upon the committee structure in terms of considering the BAF, so that from April 2015 the Board will receive the full BAF at alternate meetings (instead of monthly). To satisfy itself about this proposal, a facilitated whole Board discussion took place to debate the Trust's refreshed Trust strategic objectives mapped against risks and committee responsibilities. Other topics considered during the year included Urinary Catheter Infections, National Guidance Compliance, Safeguarding Assurance Report, National Institute for Health and Care Excellence (NICE) and National Guidance Assurance Report, Care Quality Commission (CQC) Regulatory Compliance, Litigation and Inquests, Clinical Audit, Mortality and Subgroup reporting on risks and exception from Patient Safety Improvement Group and the Quality Standards Action Group.

The membership and organisation of workload between these two groups has supported the management of priority patient safety issues, such as World Health Organisation (WHO) checklist compliance, timely and appropriate serious untoward incident (SUI) investigation, safety alert response, venous thromboembolism (VTE) compliance, as well as performance against national audits and benchmarks. The Committee also reviewed the Trust Annual Governance Statement for 2013/14 at a joint meeting with the Audit Committee in April 2014 (alongside the opinion of the Head of Internal Audit).



The Committee relied upon the work of two sub groups:

Patient Safety Improvement Group

This Group met monthly, and reports discussed every month included Serious Untoward Incidents, the use of Safer Surgery Checklists, Ward Performance monitoring reports, various applications for new procedures/techniques and Quality Impact Assessments for Programme Initiation Documents for CIP schemes in 2014/15. At various times during the year the Group received reports on complaints (Ombudsman), Being Open, Discharge, Transfer, Legal Services and Evaluating the Safety Culture Survey of the Organisation, as well as ad hoc reports relevant to quality and safety of care (for example, Supervisor of Midwives Report), and specialist subgroup reports (including Mortality, Medicines Management, Organ Donation and Medication Safety Groups).

Quality Standards Action Group

This Group met monthly. It considered a variety of matters, including CQC on-going compliance monitoring reports, Wolverhampton and Dudley Breast screening, Safeguarding, NHS Litigation Authority (NHSLA) Risk Management Standard Compliance, external reviews and inspections, Clinical Audit (annual), Inpatient care and inpatient experience (annual), National Audit Reports (for example, National Care of the Dying Audit report), National Confidentiality Reports (for example National Confidential Enquiry into Patient Outcome and Death (NCEPOD)), miscellaneous national reports (such as Clwyd Hart, Cavendish Review, Francis report, National Never Event data), and Subgroup reports (for example, Information Governance, and Patient Experience Forum).

During the year, the Committee, through the Quality Standards Action Group and Patient Safety Improvement Group, and groups reporting to them, has been able to provide assurance to the Board on, for example, the robustness and adequacy of the monitoring of actions in response to inspections and visits by external agencies (External Reviews Registry Report) and of progress on actions following the CQC inspection. It sought further information in reports on actions in response to NICE Guidance and on clinical audits to permit more effective judgments on progress. It encouraged the development of a more sharply focussed BAF and gave feedback on strengths and weaknesses of the new approach, to enable the Trust to better identify measurable risk controls



and evidence of their effectiveness. As well as routine reporting the QGAC have requested a schedule of themed review (deep dive reports) to cover priority areas for assurance.

Finance and Performance Committee

Members: M Martin, S Rawlings (from July 2014), J Vanes, and R Edwards (until July 2014).

The Finance and Performance Committee provides assurance to the Board on the effective financial and external performance targets of the organisation. It also supports the development, implementation and delivery of the Medium Term Financial Plan, and the efficient use of financial resources. The Committee meets monthly and considers in detail, among other things, the Trust's financial position, the progress of the capital programme, and performance aspects of the Board's quality and performance report. It also considers the Cost Improvement Programme, Service Line Reporting, Reference Costs, contractual performance against contractual standards, Commissioning for Quality and Innovation (CQUIN), Local Clinical Research Network (LCRN) Finance report and other matters associated with operational finance and budgeting.

A major focus on payroll costs has included detailed examination of matters such as the use of locum staff, sickness absence rates and the filling of vacancies. Earlier in the year the figures relating to the new Maternity Pathway Income were challenged which enabled the finance function to review the new accounting methodology and make some corrections in the reported results. The Committee's discussion has contributed to the

development of a new finance report for the Board, which will be implemented from the start of the new financial year.

The Committee meetings have always been quorate and well attended. As with the other Committees, the Chair submits a report on each meeting to the next available Board and raises pertinent issues. This is done in a timely fashion as the Committee meets the week before the Board and always reports the issues to the Board the following week. In addition, the minutes are submitted to the Board for information.





Remuneration Committee

Members: J Vanes, J Anderson, R Dunshea, R Edwards, M Martin and S Rawlings.

The purpose of this Committee is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. The Remuneration Committee met several times during the year and reviewed Executive Director Remuneration and appraised the performance of the Chief Executive (in his absence). The Chairman appraised all of the Non-executive Directors. The TDA undertakes the appraisal of the Chairman, and as he took up the position mid-year, his first appraisal is not due to take place until April 2015.

Charitable Funds Committee

Members: S Rawlings, R Dunshea (from July 2014), R Edwards and J Vanes.

The aim of the Committee is to administer the Trust's Charitable Funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

During a particularly busy and productive year, the Committee has enjoyed the dedicated support of an in-house

fundraising manager, and the support of an Interim Head of Communications, as well as the on-going help of the Finance Team and external investment adviser. It has developed a new marketing and communications strategy to raise awareness of the charity and the work it supports. Projects supported this year have included chaplaincy refurbishment at both New Cross and Cannock, Eye Infirmary refurbishment and aromatherapy for cancer patients.

Trust Management Committee

The Trust Management Committee provides a formal platform for the major decision-making process for clinical and non-clinical operations, and as such is not attended by Non-executive Directors, but all of the Executives attend, along with Divisional Medical Directors and Heads of Service. High attendance rates were recorded at all of these meetings.

During 2014/15 an additional standing group (the Integration Programme Steering Group), comprising Executives and senior managers, has been in place to manage the acquisition of services and assets, and the associated risks, from MSFT.

4. Risk Assessment

The Trust has a Board-approved Risk Management Assurance Strategy (reviewed in March 2015), which identifies that the Chief Executive has overall responsibility for risk management within the Trust. Within the Strategy (and supporting policies) all managers and staff have delegated responsibility identified for the management of risk as part of their core duties. Training is provided to equip staff with appropriate knowledge and skills via a combination of face to face training, e packages and handbook resources. An on-going review of risk management training is undertaken to identify areas to be strengthened.

The current (at 31 March 2015) CQC risk profile for the Trust is Band 5 (1 being the highest risk level, and 6 the lowest on the CQC risk categorisation) and the Trust reviews and responds to the CQC Intelligence Monitoring reports issued quarterly along with its own internal assurance framework.

The Trust manages risk through a series of processes that identifies risk, assesses their potential impact and implements action to reduce/control that impact. In practice this means:

- Interrogating internal sources of risk intelligence and activity to inform local and Trust level risk registers and assurance frameworks (eg incident, complaint, claim, audit, and compliance).
- Using Committee / subgroup reporting to inform the risk registers.
- Reviewing external/independent accounts of Trust performance to inform risk status (e.g. Care Quality Commission standards, NHSLA and Internal Audit reports).
- Integrating functions (strategic and operational) at all levels of the Trust to feed a risk register and escalation process.
- Using a standardised approach to risk reporting, grading and escalation. The Trust categorisation matrix supports a standard approach to risk tolerance.
- Monitoring controls through positive and negative assurance and treatment actions for each risk, to mitigate and manage residual risks.
- Developing and implementing a risk management and patient safety reporting policy (OP10) across the Trust.

- Refinement of Risk Management training made available to all staff (including senior managers).

Management of Risk Registers within the Trust:

Risk registers are managed at the following levels:

- Divisional/Directorate/Departmental – operational risks that include clinical, business / service, financial, reputational, and patient / staff / stakeholders.
- Trust Risk Register – Any risks graded as red or high amber are escalated to the Trust Risk Register for consideration by Directors. Divisions and Corporate Departments are instructed to escalate all red/high amber risks to the Trust Risk Register to inform Directors and the Board of operational risks which may be considered for the Board Assurance Framework. Risks/elements of controls may also be delegated from the Board Assurance Framework to operational risk registers for management.
- Board Assurance Framework (BAF) – Contains all risks which impact on the Trust strategic objectives.

Each risk on the Board Assurance Framework and Trust Risk Register has an identified Director and operations lead to manage the risk.

The Trust Risk Register and BAF are reviewed by Directors and the Board at the following frequencies:

- Executive Director Meetings – Monthly.
- Quality Governance Assurance Committee – Monthly.
- Trust Board – Monthly (bi-monthly from April 2015).

In 2014/15 the Trust undertook to strengthen the standard of controls assigned to risks on the Board Assurance Framework (BAF) and the principles of measurable controls were cascaded down to risk registers beneath the BAF.

The BAF took on a new format and a numbering system was added to the Datix to more closely monitor the effect on risk controls. Over time this provides a clearer indication of the overall effectiveness of control measures for management of the risk.

A total of 55 risks were managed during the year 2014/15. 6 of these were new risks identified in year. Of the 55 risks, 6 were red (red being the highest risk rating), 44 were amber, 4 yellow and 1 green.

28 risks were closed as at 31 March 2015. Of the remaining 27 to be carried forward to 2015/16, 2 are rated red (Failure to deliver recurrent efficiency gains and CIPs, and Impact of economic environment), 24 amber, and 1 yellow. Management actions and controls are identified for each risk, and regular reviews will monitor the progress.

During the year, Internal Audit has provided assurance and/or recommendations after reviewing the following Governance related areas:

- Care Quality Commission (CQC) – Assessment of Evidence – Reasonable Assurance.
- Follow up of the Information Governance (IG) Toolkit – reasonable assurance that sufficient evidence has been provided to support the interim July 2014 IG Toolkit scores.
- Board Assurance Framework – Review of the Board Assurance Framework against nine basic principles of good governance identified that the work being undertaken by the Trust is already addressing areas for improvement identified by Internal Audit.

- Clinical Audit – Compliance with Healthcare Quality Improvement Partnership (HQIP) 10 Simple Rules for NHS Boards – Reasonable Assurance.
- Organisational Response to Francis – Report found that the Trust has appropriately considered and excluded recommendations from the Francis report and that these were reviewed internally. Recommendations were made from the report to strengthen Trust actions.

Based on the work undertaken during 2014/15, the annual Head of Internal Audit Opinion was that significant assurance could be given that there is a generally sound system of internal control in place, designed to meet the organisation’s objectives, and that controls are generally being applied consistently.

During the year, Internal Audit did identify a number of specific internal control weaknesses, however through the recommendation tracking process the delivery of the recommended improvement has been monitored via the Audit Committee and the Executive Team.

Information Governance

A summary of serious untoward incidents involving personal data as reported to Commissioners in line with Strategic Executive Information System (STEIS) reporting requirements and/or Information Commissioner’s Office (ICO) in 2014/15 is outlined below:

Number of incidents	Brief Description
12	Data found in public place
7	Data lost / missing/stolen
12	Data sent / given to wrong person

There are currently ten incidents still open and on-going. An incident involving a personal laptop was reported to the ICO and is open, and actions are being implemented.

There has been a marked increase on STEIS incidents from last year due to increased awareness and robust reporting. In line with changes in national reporting which will go live in April 2015, and an increased incident threshold a number of incidents will fall below the threshold for STEIS reporting but will continue to require internal investigation and monitoring of themes and trends.





From 1 April 2015, the Trust is introducing new Datix reporting categories in line with the Health and Social Care Information Centre (HSCIC) will enable improved internal benchmarking, and a new incident investigation prompt form will be introduced to improve consistency in investigation.

This will be supported by targeted awareness and training campaigns. A work programme led by the Information Governance Action group will be specifically looking to address common themes of incidents such as loss of ward handover sheets and use of personal devices.

For the annual self-assessment submission on the Information Governance Toolkit to the Department of Health for 2014/15, the overall score was 78% and was graded Satisfactory/Green, as attainment Level 2 or above was achieved on all 45 requirements.

5. The risk and control framework

The Board-approved Risk Management Assurance Strategy includes the following:

- The aims and objectives for risk management in the organisation, aligned to the Trust vision.
- A description of the committee arrangements and relationships between various corporate committees and subgroups.
- The Board Assurance Framework and process for management of risk registers.
- The identification of the roles and responsibilities of all staff with regard to risk management, including accountability and reporting structures.
- The promotion of standard risk management systems as an integral part of assurance provision.
- A description of the risk management process and a requirement for all risks to be recorded in a risk register prioritised (i.e. graded) and escalated using a standard scoring methodology.

The Trust seeks to identify risks through all available intelligence sources including independent/external review/assessment. The risk management process is supported by a number of policies which impact on risk assessment, incident reporting and investigation, mandatory training, health and safety, conflict resolution, violence and aggression, complaints, infection prevention, fire safety,



human resources management, consent, manual handling and security. All policies have identified audit/monitoring and training arrangements.

The Board Assurance Framework identifies the risks to the Trust strategic objectives, the key controls in place to manage these risks and the level of assurance with regard to the effectiveness of the controls. The Internal Audit of the Board Assurance Framework and process for 2014/15 concludes that the Trust has identified and begun to implement the necessary areas for improvement based on the nine Basic Principles for Good governance.

In addition, during 2014/15 the audit of the Risk Management and Patient Safety Policy (OP10) showed that 100% of directorates across the Trust held and maintained risk registers and there was marked improvement (on previous year) with the prompt escalation of appropriate risks to the Trust risk register from lower levels.

Looking forward to 2015/16

Over the coming year the Trust will continue to progress enhancements to its internal assurance including refinements in quality data management and performance, committee assurance reporting and increased risk management training across all staff levels.

The Trust has updated its Risk Management Assurance Strategy to align with developments (e.g. an internal assurance framework driven by CQC registration requirements) and maintain a comprehensive assurance reporting and risk register framework. The new format for the BAF and Trust Risk Register will further enhance risk controls and management within the Trust.



The key risks identified as the Trust goes into the new financial year are:

- Failure to deliver recurrent efficiency gains and CIPs;
- Impact of economic environment: potential reduction of income and activity due to efficiency requirements placed on commissioners and/or private sector withdrawal from the market;
- The short term impact on the Trust of the changes occurring at MSFT and within the Staffordshire Health economy; and
- The short term impact on the Trust of service sustainability in Staffordshire.

6. Review of economy, efficiency, and effectiveness of the use of resources

The Trust has a robust governance structure in place ensuring monitoring and control of the effective and efficient use of the Trust resources. Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, Finance and Performance Committee, Trust Management Committee and at Divisional Team meetings.

The Trust has achieved all of its statutory financial targets, achieving an end of year surplus of £3.6M, delivering the Capital Programme within its Capital Resource Limit and achieving its External Funding Limit.

The Trust has arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements include ensuring the financial strategy is affordable and scrutiny of cost savings plans to ensure achievement, with regular monitoring of performance against the plans. This is done through:

- Approval of the annual budget by the Board.
- Monthly reporting to the Board on key performance indicators covering finance, activity, governance, quality and performance.





- Monthly reporting to the Finance and Performance Committee.
- Regular reporting at Operational and Divisional meetings on financial performance.
- Monthly Change Programme Board meetings to oversee the Cost Improvement Programme.

Internal Audit has provided assurance on internal controls, risk management and governance systems to the Audit Committee and to the Board. Where scope for improvement in controls or value for money was identified during their review, appropriate recommendations were made and actions were agreed with management for implementation. The implementation of these actions is monitored by the Audit Committee.

7. Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Guidance has been issued to NHS Trust Boards on the form and content of annual Quality Reports.

Our priorities for 2014/15 were chosen after consulting both our staff and clinical teams who work in the Trust, and looking at what patients and members of the public say about us and our services in national and local surveys and in complaints and compliments. We have also taken account of what people say nationally about health services and where services need to improve.

The Department of Health Quality Accounts Toolkit 2014/15 has influenced the format and content of the Quality Account. The existing reporting structure has been the source for information, for example Datix for numbers and themes of complaints and incidents. Specific information has been validated by the key leaders in the Trust, for example Infection Prevention data provided by the Director of Infection Prevention and Control (DIPC), and incident data by the Head of Governance and Legal Services.

A draft version of the Quality Account is approved by Directors before being circulated to the local authority's Overview and Scrutiny Committee, Wolverhampton and Staffordshire Healthwatch, and the Trust Shadow Governors for comments. The Quality Account is approved by the Trust External Auditors before a final version is produced for publication. For 2014/15, the Trust has produced a combined document incorporating the Annual Accounts, Annual Report and Quality Account.

8. Operational Performance

2015/16 saw increased operational pressures nationally and this gave rise to increased demand across all key services. In addition, following the dissolution of MSFT, the Trust also took over managerial responsibility for Cannock Chase Hospital, and the associated services, from 1 November 2014. However, against this backdrop, the Trust maintains a focus on delivering the national priorities identified within the Operating Framework, alongside the local priorities defined by the commissioner.

A comprehensive and robust performance management process exists across the Trust to monitor delivery against operational standards. This involves weekly review at the Chief Operating Officer's performance meeting and through subsequent meetings across the divisions. A detailed integrated quality and performance report is produced monthly; this is discussed in-depth at the monthly Finance and Performance Committee, which is chaired by a Non-executive Director, with further scrutiny taking place at the full Trust Board. Examples of the Operating Framework targets can be evidenced below:

- The Trust maintained compliance with the headline position for all Referral to Treatment (RTT) measures at Trust level for admitted, non-admitted and incomplete pathways. However, during the national RTT Backlog Recovery Programme the Trust was asked to concentrate on reducing overall backlog of patients which meant the headline position was non-compliant for these periods. Critically, no patients waited longer than 50 weeks for any treatment. During 2014/15 95.36% of the waiting list was under 18 weeks compared with 92.69% in the previous year.
- The Emergency Department has seen record attendances during 2014/15 in both attendances and ambulance conveyances. This has had the inevitable detrimental impact on performance. Overall the Trust saw an increase of 7% in attendances which meant nearly 11,000 additional patients seen during the year. Consequently, the Trust only met the 95% target in Quarter 1. However, the Trust still benchmarks favourably when compared to the regional and national position. Importantly, there were zero 12 hour trolley waits all year.
- Cancer targets remain a high priority and again, there has been increased demand for all areas. Despite this, three of the nine targets maintained the standard in every month and five targets have achieved in every quarter during the year to date. Challenges still exist with certain specialties particularly with a national lack of consultants. Additionally, all regional providers are looking to improve patient pathways in order to ensure tertiary patient referrals are made within agreed timescales.

Emergency Planning / Resilience

As a Category 1 responder with key emergency response duties under the Civil Contingencies Act 2004, the Trust is required to ensure it has robust plans for Emergency Preparedness, Resilience and Response (EPRR). In addition, the Trust has key requirements to meet against Care Quality Commission (CQC) standards as well as meeting the guidance set out in the NHS Operating Framework. This responsibility includes the needs to produce and review incident plans, to undertake multi agency planning, to work in partnership with other local health agencies, and to ensure education and training for staff. To this end, an Emergency Preparedness Annual plan is produced, identifying objectives for the year. The Trust's EPRR lead meets regularly with her counterparts from other NHS organisations and is part of a region wide Health Emergency Planning Work and City wide resilience Group. The Trust is an active member of the Local Health Resilience Partnership and Local Health Resilience Forum.

Health and Safety at Work

The Management of Health and Safety Policy (HS01) was reviewed and approved in November 2014. The policy is now being implemented across the Trust's sites including the newly acquired Cannock

site. The management of Health and Safety at the Cannock site has been a significant focus with improvements seen in the structure and implementation of Health and Safety regulations, staff and safety representative training and improved identification and management of Health and Safety risks. There is good engagement between staff and the Health and Safety team working at Cannock.

Health and Safety audits Trust wide have shown a marked improvement over 2014/15 and have provided assurance that the Trust is meeting the mandatory requirements of relevant Health and Safety Executive (HSE) Legislation. In summary it shows that risk assessments undertaken are being monitored through local governance processes, workplace inspections are being undertaken and reported where relevant, and risks identified. Further to audit benchmarks obtained at Cannock at November 2014, the Trust's annual audit programme is to be rolled out at the Cannock site during 2015/16. The Trust policy (HS01) has provided a workable Health and Safety system to enable this to be achieved.

The Health and Safety Steering Group (HSSG) are active in supporting and monitoring HSE compliance and providing assurance to the Trust of work being undertaken. Assurance reports received by HSSG have improved during 2014/15 from specialist areas (e.g. Waste, Electrical,

Facilities, Water (Safety)) providing the detail required to provide assurance to the Board (in its Annual Health and Safety Report) of compliance with HSE regulation.

Focus for 2015/16 will be on the introduction of Health and Safety indicators for incidents relating to Contact, Manual Handling (inanimate), Manual Handling (people), Sharps and Slips trips falls. These topics were highlighted during the audit of 2014/15 as areas the Trust requires to improve on. It is proposed that the indicators as well as focused work will assist in the reduction of incidents and harm (including Reporting of Injuries Diseases and Dangerous Occurrence Regulations (RIDDOR) reportable incidents). With the improved position of all areas having the necessary risk assessments in place, the Health and Safety team will be able to place more focus on targeted intervention using the information being monitored. Audits will change to focus on practical observation, self-assessment and audit of staff knowledge of local Health and Safety systems.

The Health and Safety team work plan has now shifted to undertaking a review of the Trust against the HSE guidance for Health & Social Care organisations and working with the corporate areas responsible for the areas within the guidance, such as water safety (Legionella), electricity, contractors, bedrails, and driving for work.



9. Annual Declarations

1. The Royal Wolverhampton NHS Trust is required to register with the Care Quality Commission and its current registration status is active. The Royal Wolverhampton NHS Trust has no conditions with its continued registration.

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2014/15.

In September 2013, The Royal Wolverhampton NHS Trust participated in the first wave of hospital inspections by the Care Quality Commission relating to the following areas of care:

- Safe;
- Effective;
- Caring;
- Responsive to people's needs; and
- Well-led.

The Royal Wolverhampton NHS Trust has taken the following actions to address the conclusions by the CQC:

- Address the shortage of midwives and nurses;
- Improve dementia care and access to dementia outreach services;
- Make environmental improvements in relation to infection prevention, bereavement facilities and safe room for patients with mental health issues;
- Improve information about complaints;
- Improve staff understanding of Trust feedback channels;
- Increase learning disability support to children;
- Improve Do Not Resuscitate documentation;
- Support junior doctors in breaking bad news; and
- Improve the service provided to bereaved relatives.

The Royal Wolverhampton NHS Trust has made progress in agreeing a comprehensive action plan with executive director leadership on each action. This has been periodically reviewed and monitored through the Trust governance framework and demonstrates significant improvement. In Quarter 4 the Trust piloted an internal peer review to further review compliance to CQC standards.

The second CQC inspection is expected to take place in June 2015.

2. As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension scheme records are accurately updated in accordance with the timescales detailed in the Regulations. The Trust as part of the Pensions Regulations is required to complete an Annual Assurance Statement for the Pension Agency by the 5th of April each year, and this has been done.
3. Control measures are in place aiming to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.
4. The Trust has undertaken risk assessments, and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on the United Kingdom Climate Impact Programme (UKCIP) 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the adaptation reporting requirements are complied with.
5. The Trust made its annual self-assessment submission to the Department of Health by the 31st March 2015 on the Information Governance Toolkit. The overall score for 2014/15 was 78% and was graded, as attainment Level 2 or above was achieved on all 45 requirements.



10. Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, the Trust risk management and Governance reporting framework, and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the External Auditors in their Report to those charged with governance (ISA 260) and other reports. I have been advised on the implications of the result of my review of effectiveness of the system of internal control by the Board, the Audit Committee, and the Quality Governance Assurance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.



11. Conclusion

No significant internal control issues have been identified during 2014/15.

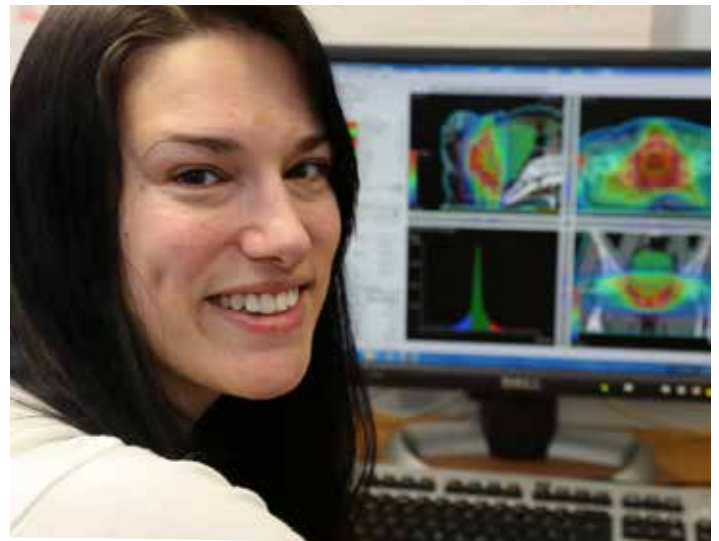
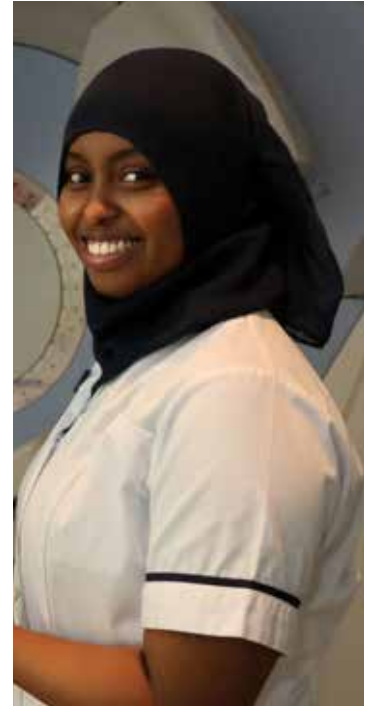
Accountable Officer: David Loughton CBE

Organisation: The Royal Wolverhampton NHS Trust

Signed: 

Date: 4th June 2015

David Loughton CBE, Chief Executive.



Annual Accounts

Foreword and Financial Performance Overview

The Summary Financial Statements (SFS) are an extract of the information in the full Annual Accounts and include the Annual Governance Statement (AGS) of the Trust for year ended 31 March 2015. The Summary Financial Statements give an overview of the financial position and performance of the Trust. For a full understanding of the Trust's performance, with detailed financial information, please refer to the full 2014/15 Annual Accounts for the Trust. These are available, free of charge, from The Chief Financial Officer, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

The Annual Accounts have been prepared in accordance with the 2014/15 NHS Trusts Manual for Accounts (MFA), issued by the Department of Health. From 2009/10 the MFA follows the International Financial Reporting Standards (IFRS) and interpretations to the extent that they are meaningful and appropriate to public body entities.

It is important to note in this year's Accounts that 2014/15 cannot be directly compared to 2013/14 due to the transfer of Mid Staffordshire NHS Foundation Trust (MSFT), services, from 1 November 2014, as part of the solution for Mid Staffordshire services, and the Trust hosting the Clinical Research Network: West Midlands from 1 April 2014.

The financial performance of the Trust is assessed by the Department of Health against four targets.

These are:

Income and Expenditure

As a minimum, the Trust is required to break even each year. Where a deficit is incurred, the Trust is required to achieve surpluses in subsequent years until break-even, taking one year with another.

Capital Cost Absorption Rate

Within its overall expenditure, the Trust is required to pay the Department of Health a sum equivalent to 3.5% of average net relevant assets. This payment is known as the Public Dividend Capital payment.

External Financing Limit

This refers to the agreed amount of cash the Trust is allowed by the Department of Health to consume over and above the amount it generates through its normal activities in year. This may be through a reduction in its own cash balances or receiving cash from external sources. The Trust is expected to stay below its External Finance Limit (EFL).

Capital Resource Limit

This is a limit, imposed by the Department of Health, on the level of capital expenditure that the Trust can incur in the year. The Trust is expected to maintain its spend at or below this level.

All four targets were achieved in 2014/15, as indicated in Table 1:

Table 1	Target	Actual	Achieved
Income & Expenditure Break-even (£000)	Break-even	3,663 (surplus)	✓
Capital Cost Absorption (%)	3.5	3.5	✓
External Financing Limit (£000)	(6,392)	(7,000)	✓
Capital Resource Limit (£000)	43,589	43,491	✓

Cumulative Position

Table 2 shows that the Trust achieved its statutory break-even duty in 2014/15, with a surplus which amounted to £3,663k after impairment and adjustments for the impact of items funded from charitable donation. The Trust achieved a surplus for the 9th consecutive year.

Table 2: Income and Expenditure position for each of the last five years:

Table 2	2010/11	2011/12	2012/13	2013/14	2014/ 15
	£000	£000	£000	£000	£000
Turnover	306,023	374,417	384,917	394,045	461,810
Break-even in-year position	7,964	9,297	8,688	7,891	3,663
Break-even cumulative position	8,561	17,858	26,546	34,437	38,100

Impact of 2014/15 Service and Associated Asset Transfers within the Trust Accounts.

From April 2014, the Trust received land, buildings and vehicles transferred from NHS Property Services (NHSPS) in respect of Pendeford Health Centre for £1,181k, as the Trust now occupies over 50% of the building. The property was transferred using absorption accounting, being charged to the Trust Retained Earnings.

From 1 November 2014, the Trust received land, buildings and other assets and liabilities in respect of the transfer of Cannock Chase Hospital and other services from Mid Staffordshire Foundation Trust. The transfer of assets and liabilities, providing £29.3million net assets took place using modified absorption accounting. The transfer of assets was actioned with a corresponding transfer of £29.3million Public Dividend Capital (PDC). Within the Strategic Report and the Estates Strategy both within the Annual Report, further information is available with regards to the process of the acquisition of Cannock Chase Hospital as well as the resulting business opportunities which now present themselves.

The Revaluation Reserve was restated for the transferred assets, £14.3million, for both transfers, with the corresponding adjustment to Retained Earnings.

Private Finance Transactions

The Trust has an on-balance sheet scheme relating to the provision and maintenance of the Radiology building and equipment, including replacement and upgrading. The contract for the scheme covers the period 1 April 2002 to 31 March 2032. Although the interest rate changes affect future performance, the impact to date has not been significant.

Better Payment Practice Code

The Department of Health requires Trusts to aim to pay their non-NHS and NHS invoices within 30 days of receipt of goods or a valid invoice, (whichever is the latter). The target is to achieve 95% compliance and, over the last two years, the Trust's performance is shown in Table 4.

Table 4	2013/14 Number	2014/15 £000	Number	£000
Total Invoices Paid in Year	88,065	147,396	96,656	205,738
Total Invoices Paid Within Target	82,245	136,758	90,031	192,597
Percentage of Invoices Paid Within Target	93.4%	92.8%	93.1%	93.6%

Prompt Payments Code

The Trust is an approved signatory to the Prompt Payment Code. This is an industry led initiative which sets out standards and best practice for payment of invoices.

Revaluation of Land and Building Assets

The value of the Trust's land and buildings have been assessed by an independent professional valuer, as at 31 March 2015. This has involved the use of indices from the valuer. New additions and refurbishments completed in year were valued by the same independent valuer on a Modern Equivalent Asset basis.

Staff Sickness Absence

The following table shows an improvement in the Trust's sickness absence.

Staff Sickness Absence	Total 31/03/2015 Number	Total 31/03/2014 Number
Total Days Lost	53,243	50,683
Total Staff Years	6,129	5,801
Average number of days lost per year	8.7	8.7
Average days lost per year based on 230 working days per annum	3.8%	3.9%

Pension Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the Financial Reporting Manual (FRM) requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. Further details can be found in the full 2014/15 accounts available on request.

Accounting Policies

The Accounts for the Trust were produced in line with the NHS Trusts Manual for Accounts (MFA). Full details of the Accounting Policies are included within the full 2014/15 accounts which are available on request.

Particular areas where judgement has had to be exercised are:

- **Useful economic lives of assets**
The Trust estimates the useful economic lives of its Non Current Assets. Every care is taken to ensure that estimates are robust, however, factors such as unforeseen obsolescence or breakdown may impact on the actual life of the asset held.
- **Provisions**
When considering provisions for events such as NHSLA claims and other legal cases, the Trust uses estimates based on expert advice from agencies such as the NHS Litigation Authority and the experience of its managers and legal advisors.
- **Leases**
The Trust applies the tests contained in International Accounting Standard (IAS)17 to all of its present and proposed leases in order to ascertain if they should be classed as operating or finance leases. Often the information available may be inconclusive and therefore judgement is made regarding the transfer of the risks and rewards of ownership of the associated assets in order that a decision may be made.
- **Policy Changes**
There have been no major policy changes that have impacted on the position of the Trust. The Trust is required to adopt International Accounting Standard (IAS)27 which requires the Trust to consolidate its Charitable Funds into its accounts if material. These were not consolidated as they are not considered material.

Financing

The Trust received £22,690k Public Dividend Capital funding from the Department of Health to support the development of the new Emergency Department and facilities following the transfer of MSFT services. There were no other major financing transactions within 2014/15.

Following the transfer of MSFT assets, the Trust was required to recreate the Revaluation Reserve associated with the assets transferred via Retained Earnings. This resulted in a reduction in retained earnings of £14,302k.

Auditors

The Trust's External Auditors are PricewaterhouseCoopers LLP and the total charge for audit work undertaken in 2014/15 was £110k including VAT (2013/14 £98k). Other auditors remuneration in 2014/15 was nil (2013/14 £7k) and is in respect of non-audit services.

As far as the Directors are aware, there is no relevant audit information the Trust's Auditors are unaware of, and the Directors have taken all steps that they ought to have taken, as Directors, to make themselves aware of any relevant audit information, and to establish that the Trust's Auditors are aware of that information.

Non-audit work may be performed by the Trust's Auditors where the work is clearly audit related and they are best placed to do that work. For such assignments the Audit Committee approved protocol is followed. This ensures that all such work is properly considered and that the auditor's independence is not compromised through the Trust using them for other non audit services.

The Trust is able to ensure this as:

- all work is controlled and monitored by the Audit Committee which includes Non Executive Directors, who approve all work and provide a check to ensure independence is maintained;
- any additional work carried out by the External Auditors has to be approved by the Audit Commission if its value is greater than 20% of the external audit fee, or £30,000, whichever is the greater.

The main Summary Financial Statements from the Trust Accounts are shown below.

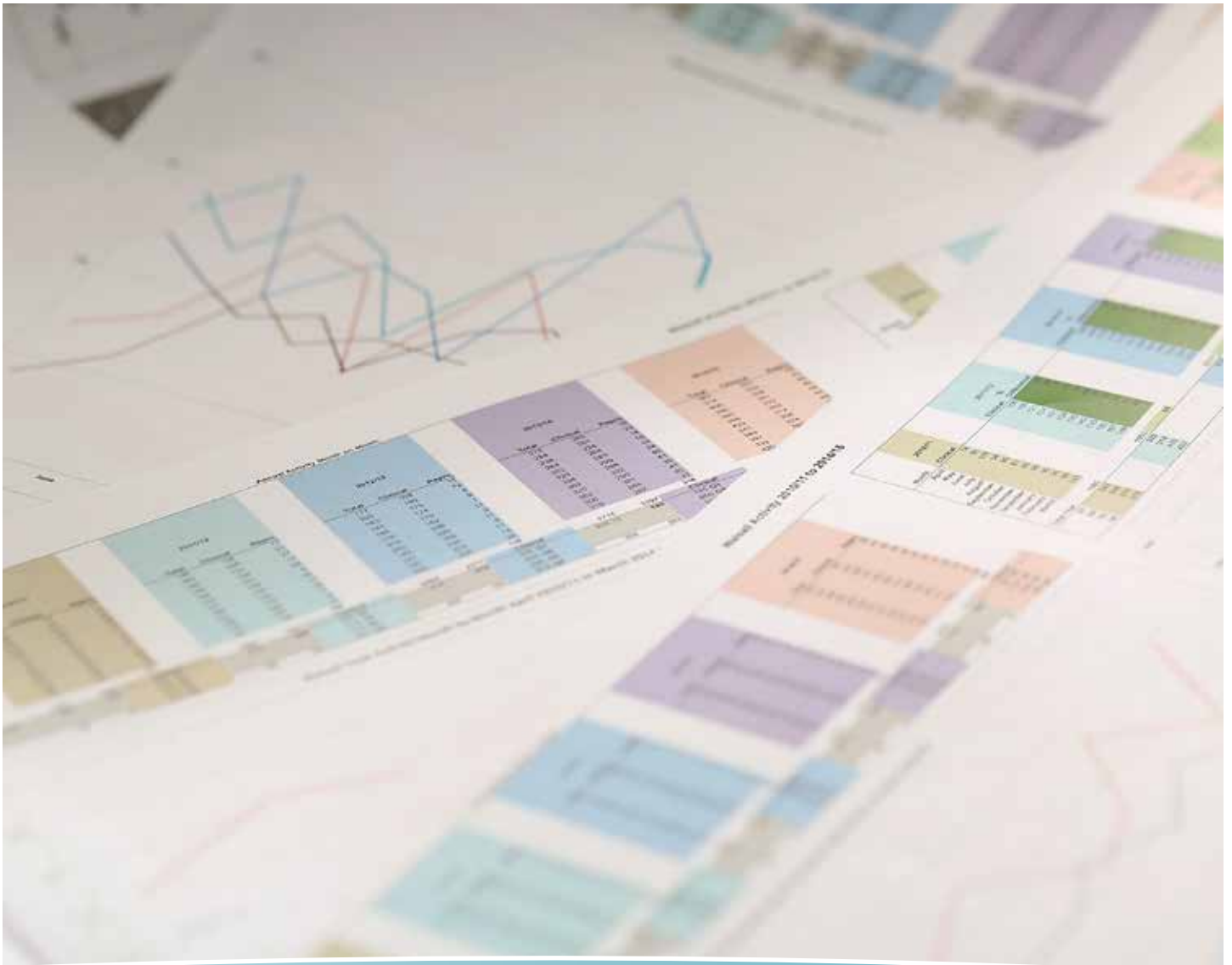
A full set of the Accounts, including the Notes and Accounting Policies are available from the Chief Financial Officer of the Trust.

As noted earlier, it is important to note in this year's Accounts that 2014-15 cannot be directly compared to 2013-14 due to the transfer of Mid Staffordshire NHS Foundation Trust (MSFT), services, from 1 November 2014, as part of the solution for Mid Staffordshire services, and the Trust hosting the Clinical Research Network: West Midlands from 1 April 2014.

The Clinical Research Network is reported as a separate segment in the Accounts. The Trust receives funds from the National Institute for Health Research and pays for research provided by 28 NHS Trusts, (including this Trust), 3 other NHS organisations and 3 Universities.

The total turnover in 2014/15 is circa £30million. The spend and income is shown within the Statement of Comprehensive Income, (SoCI), however, as the Network operates on a break even basis, there is no impact on the net position of the Trust.

Land, Property, Equipment and other assets were transferred to the Trust in 2014/15, from both MSFT and NHSPS, and are shown in the Non-Current Assets Balances as at 31 March 2015, financed by Public Dividend Capital, Retained Earnings and Revaluation Reserve transactions, using modified absorption accounting. Further details at above section "Impact of 2014/15 Service and Associated Asset Transfers within the Trust Accounts." and additionally, in the full Accounts, available upon request.



Statement of Comprehensive Income for the Year Ended 31 March 2015

	2014-15 £000s	2013-14 £000s
Gross employee benefits	(269,592)	(243,897)
Other operating costs	(177,117)	(132,173)
Revenue from patient care activities	421,453	357,681
Other operating revenue	40,357	36,364
Operating surplus	15,101	17,975
Investment revenue	107	104
Other gains	15	216
Finance costs	(1,658)	(1,583)
Surplus for the financial year	13,565	16,712
Public dividend capital dividends payable	(10,445)	(8,246)
Net Surplus before transfers	3,120	
Transfers by absorption – gains	30,462 *	0
Net Gain on transfers by absorption	30,462	0
Retained surplus for the year	33,582	8,466

Other Comprehensive Income for the Year Ended 31 March 2015

	2014-15 £000s	2013-14 £000s
Impairments and reversals taken to the revaluation reserve	0	(2,876)
Net gain on revaluation of property, plant & equipment**	29,861 **	29,825
Other comprehensive income for the year	29,861	26,949
Total comprehensive income for the year	63,443	35,415

Financial performance for the year

Retained surplus for the year	33,582	8,466
IFRIC 12 adjustment (including IFRIC 12 impairments)	296	0
Impairments (excluding IFRIC 12 impairments)	354	155
Adjustments in respect of donated gov't grant asset reserve elimination	(107)	(730)
Adjustment re absorption accounting	(30,462)	0
Adjusted retained surplus	3,663	7,891

* Transfers as part of reorganisation are accounted for by use of absorption accounting in line with the Treasury Financial Reporting Manual (FReM). The FReM does not require retrospective adoption, so prior year transactions, (which have been accounted for under merger accounting), have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement Of Changes In Taxpayers Equity, (SoCiTE)/Statement Of Comprehensive Income, (SoCI), and is disclosed separately from operating costs. By taking on the net assets from NHSPS of £1,181k and from MSFT of £29,281k, the Trust is seen to have made a net asset gain of £30,462k, shown in the SOCI and SoCiTE.

Other transfers of assets and liabilities within the NHS Group are accounted for in line with IAS20 and similarly give rise to income and expenditure entries. For transfers of assets and liabilities from those NHS bodies that have closed, Treasury agreed that a modified absorption approach should be applied. For these transactions gains and losses are recognised in Reserves rather than the SOCIIncome.

** The Other Comprehensive Income net gain shown on property, plant and equipment represents the change in value following revaluation by the professional Valuer.

Statement of Financial Position as at 31 March 2015

	31 March 2015 £000s	31 March 2014 £000s
Non-current assets:		
Property, plant and equipment	382,971	296,807
Intangible assets	676	566
Trade and other receivables	1,710	1,311
Total non-current assets	385,357	298,684
Current assets:		
Inventories	6,291	5,809
Trade and other receivables	19,783	15,478
Cash and cash equivalents	41,598	27,087
Sub-total current assets	67,672	48,374
Non-current assets held for sale	800	800
Total current assets	68,472	49,174
Total assets	453,829	347,858
Current liabilities		
Trade and other payables	(52,498)	(33,599)
Provisions	(5,821)	(4,514)
Borrowings	(1,885)	(1,774)
Total current liabilities	(60,204)	(39,887)
Net current assets/(liabilities)	8,268	9,287
Total assets less current liabilities	393,625	307,971
Non-current liabilities		
Provisions	(648)	(630)
Borrowings	(5,943)	(6,440)
Total non-current liabilities	(6,591)	(7,070)
Total assets employed:	387,034	300,901
FINANCED BY:		
Public Dividend Capital	225,252	173,281
Retained earnings	28,550	38,551
Revaluation reserve	133,042	88,879
Other reserves	190	190
Total Taxpayers' Equity:	387,034	300,901

The financial statements were approved by the Board on 04 June 2015 and signed on its behalf by:

Signed: 

Date: 4 June 2015

David Loughton CBE, Chief Executive

Statement of Changes in Taxpayers' Equity

	*Public Dividend capital	Retained earnings	Revaluation reserve	Other reserves	Total reserves
	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2014	173,281	38,551	88,879	190	300,901
Changes in taxpayers' equity for 2014-15					
Retained surplus for the year	0	33,582	0	0	33,582
Net gain on revaluation of property, plant, equipment	0	0	29,861	0	29,861
Transfers to other bodies within the resource account boundary	0	(30,462)	0	0	(30,462)
Transfers between revaluation reserve & retained earnings in respect of assets transferred under absorption	0	(14,302)	14,302	0	0
New temporary and permanent PDC received – cash	22,690	0	0	0	22,690
Other movements	29,281	1,181	0	0	30,462
	51,971	(10,001)	44,163	0	86,133
Net recognised revenue for the year	225,252	28,550	133,042	190	387,034
Balance at 31 March 2015					

*Public Dividend Capital (PDC) refers to when NHS Trusts were first established, everything they owned (land, buildings, equipment and working capital), was transferred to them from the Government. The value of these assets is, in effect, the public's equity stake in the NHS Trust and is known as Public Dividend Capital, (PDC). It is similar to company share capital and, as with company shares, a Dividend is payable to the Department of Health. This PDC Dividend is calculated at 3.5% of average Net Relevant Assets.

The Retained Earnings is the cumulative surplus/(deficit) made by the NHS Trust since its inception. It is held in perpetuity and cannot be released to the Statement of Changes In Taxpayers' Equity.

The Revaluation Reserve reflects movements in the value of property, plant and equipment and intangible assets, as set out in the Accounting Policy. The Revaluation Reserve balance relating to each asset is released to Retained Earnings on disposal of that asset.

Other Reserves arose at the time of inception of the Trust and are considered likely to remain at the present value.

On 1 April 2014, the Trust received land, buildings and vehicles transferred from NHSPS in respect of Pendeford Health Centre, where the Trust now occupies over 50% of the building. The property was transferred using absorption accounting by use of Retained Earnings.

On 1 November 2014, the Trust received land, buildings and other assets and liabilities in respect of the transfer of MSFT services, including Cannock Chase Hospital. The transfer of assets and liabilities took place using modified absorption accounting with a corresponding transfer of Public Dividend Capital.

Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Treasury Financial Reporting Manual (FRM), as noted in the SOCI. The impact on PDC, Retained Earnings and Revaluation Reserve is detailed in the Statement of Financial Position.

Statement of Cash Flow for the Year Ended 31 March 2015

	2014-15	2013-14
	£000s	£000s
Cash Flows from Operating Activities		
Operating surplus	15,101	17,975
Depreciation and amortisation	17,265	16,695
Impairments and reversals	650	155
Interest paid	(1,649)	(1,573)
Dividend paid	(10,265)	(8,035)
(Increase)/Decrease in Inventories	(116)	14
Increase in Trade and Other Receivables	(4,490)	(982)
Increase in Trade and Other Payables	12,019	1,489
Increase in Other Current Liabilities	(71)	0
Provisions utilised	(1,052)	(1,414)
Increase in movement in non cash provisions	2,011	2,279
Net Cash Outflow from Operating Activities	29,403	26,603
Cash Flows from Investing Activities		
Interest Received	107	104
Payments for Property, Plant and Equipment	(35,668)	(20,362)
Payments for Intangible Assets	(249)	(422)
Proceeds of disposal of assets held for sale (PPE)	15	116
Net Cash Outflow from Investing Activities	(35,795)	(20,564)
Net Cash (Outflow)/Inflow before Financing	(6,392)	6,039
Cash Flows from Financing Activities		
Gross Temporary and Permanent PDC Received	22,690	199
Cash transferred to NHS Foundation Trusts or on dissolution	1	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI	(1,788)	(1,717)
Net Cash Inflow/(Outflow) from Financing Activities	20,903	(1,518)
NET INCREASE IN CASH AND CASH EQUIVALENTS	14,511	4,521
Cash and Cash Equivalents at Beginning of the Period	27,087	22,566
Cash and Cash Equivalents at year end	41,598	27,087

Glossary of Terms

1. Public Dividend Capital dividend – this is a payment made to the Department of Health, representing a 3.5% return on the Trust's net relevant assets.
2. Revenue from activities – this is the majority of the Trust's income and is derived in the main from the provision of healthcare to Commissioners.
3. Other operating revenue – is mostly in respect of training and research and development.
4. Intangible assets – this relates mainly to software licences.
5. Tangible assets – this refers to the Trust's land, buildings and equipment.
6. Provisions for liabilities and charges – when there is a reasonable degree of certainty that the Trust will be liable for a particular cost, and where it has not yet actually been incurred, a provision is made to reflect that liability.
7. Impairment – this term is most usually applied when a decision has been made that reduces the life and/or value of a Trust asset (most often a building). Such reductions in value are charged to the Statement of Comprehensive Income when there are insufficient balances on the Revaluation Reserve.



The Quality Account

Statement on Quality from the Chief Executive

Our Quality Account gives an overview of the Trust's performance in providing high quality care for the patients who use our services and their families and carers. It also sets out our plans to improve the quality of services in specific areas by identifying key priorities and how we intend to deliver them.

The experience that they have when using services is the most important thing for patients and their families and goes well beyond the health outcomes of their care and treatment. We know that our staff are highly motivated to care for patients with humanity and decency, and identify strongly with the idea that they should care for patients in a way they would want a member of their family to be treated. In publishing this Quality Account, we aim to be transparent about our own (and others') assessment of the quality of care we provide. The Board recognises that transparency, and the ability of our partners, commissioners and regulators to assess and scrutinise our performance, helps us to focus on tracking evidence based performance on quality issues in a way that helps improve services. In addition, and of equal importance, it nurtures our already existing culture of continuous improvement and innovation.

The Trust's overarching priority is Patient Safety. This priority is supported by three further priorities:

- **Urgent Care** as we know this is where patients are at their most vulnerable and where we can make the best of our integrated acute and community focused organisation.
- **Care of the Older Person** because this is the largest group of patients we serve and where we can make real progress in improving nutrition and reducing harm from falls, infections and pressure ulcers.
- **End of Life Care** as we only have one chance to get this right and give patients and their families the dignity and respect they deserve.

The Board has determined that the scale of these overarching priorities and the scope for improvement both within the Trust and with other partners continues to be relevant for future years. This Quality Account describes the work we have undertaken across all the Trust's sites and services, including Cannock Chase Hospital (from 1st November 2014), in a number of key areas including:

- Safe staffing levels in clinical areas
- Effective complaints handling and patient engagement
- Continued focus on infection prevention
- Better support for patients and families/carers in the end of life phase and beyond
- Reducing variation in clinical outcomes and mortality
- Increasing the use of clinical audit and learning from events
- Continued improvement of the patient and staff environment

The quality of our services and the care we provide is of paramount importance to the Trust Board. At each meeting the Trust Board considers reports on:

- Quality and safety;
- Serious incidents;
- Board Assurance Framework and Trust Risk Register;
- Cost Improvement Programme (financial and qualitative delivery);
- Never Events (standing item on the public agenda);
- Mortality



The Board also receives a monthly Integrated Quality and Performance report. This report includes, metrics relevant to patient experience (such as medication incidents, infection prevention, Friends and Family Test scores and cancelled operations).

This information provides assurance to Board members and helps to focus on where we need to make improvements. You can read more information about the Trust's approach to risk management and about the committees that monitor quality performance in the Annual Governance Statement in Section 1: Annual Report

2014/15 was an important year for the Trust with one of the most significant developments in our history as we took on the management of Cannock Chase Hospital and other services from Mid Staffordshire Foundation Trust. The Trust Board's primary reason for this business decision was the opportunity it gives us to improve the experience for our patients and to secure a wider range of services for local people. The coming year will bring further integration of services across all our hospital and community services. You can read more about the work we did in preparation for the transfer of services and our plans for the future in Section 1: Annual Report

We recognise the value of involving our local community in decisions about our services and priorities for improvement, therefore we have listened to the feedback we have received, when things have gone well and when we could have done better. This feedback from a variety of sources has been influential in steering our direction for 2015/16.

To the best of my knowledge, the information contained in this Quality Account is accurate.



Signed:

Date: 29th June 2015

David Loughton CBE
Chief Executive

Our Vision:

An NHS Organisation that continually strives to improve patients' experiences and outcomes

Our Values:

Our values are described in detail in section 1: Annual Report, the main principles are shown below:

- Patients are at the centre of all we do
- We will be innovative in how we work
- Working together we deliver top quality services
- We create an environment in which people thrive

Part 2: Priorities for improvement 2014/15

Our quality improvement priorities for 2014/15 continued to focus on the key areas that affect patients their families and carers. They were initially chosen after consulting both our staff and clinical teams who deliver our services, and looking at what patients and members of the public say about us and our services in national and local surveys and in complaints and compliments. We have also taken account of what people say nationally about health services and where services need to improve.

Given the major changes to the Trust following the integration with Cannock Chase Hospital we believe these priorities to be highly relevant for the coming year as they reflect so much of the services we provide and remain our driving focus for the year ahead.

We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. These three priorities are detailed below:

Priority one: Urgent Care: people who have used our urgent and emergency care services will know that it impacts on everyone at their most vulnerable. We believe we can really make a difference to patients through the best use of all the services available in our hospitals and in the community.

Priority two: Care of the Older Person: this is a significant proportion of our patient population and changes we make can have a major impact. Care for this group includes many key aspects of treatment requiring continuous improvement and monitoring of quality for example good nutrition, the prevention of pressure ulcers, falls and infections.

Priority three: End of Life Care: we only have one chance to get this right to ensure patients die with dignity and respect. The impact of end of life care can have a lasting effect on the loved ones left behind.

A thread running through everything we do is our priority around Patient Safety – this has been a primary focus for several years and will continue to be pivotal in what we do. You will see references to actions and indicators relating to patient safety throughout this document.

Our Performance

Performance in Emergency Departments is subject to both internal and external scrutiny and has had a high profile in the media over the last year. The Trust has seen an increase in attendances that mirrors the national picture and further increases as a direct impact of the changes relating to the services provided by Mid Staffordshire Foundation Trust until 31st October 2014 when the formal transfer of services to this Trust and University Hospitals of North Midlands was completed.

Internally performance is monitored on a daily and weekly basis and is reported to the Trust Board each month as part of the Integrated Quality & Performance report. Overall the Trust saw an increase of 7,915 (6.75%) in attendances at New Cross Emergency Department and 1,705 (4.65%) increase in attendances at the Walk in Centre at the Phoenix Centre in Wolverhampton which equates to an additional 25 days activity at New Cross and 17 days at the Phoenix Walk in Centre. Our performance against the key indicators is shown in the graphs and tables below. With the exception of 12 hour trolley waits where there were 0 compared with 3 in 2013/14 our performance has deteriorated compared with 2013/14. Our performance for the year for the target of seeing 95% of patients within 4 hours was 93.3% - in 2013/14 we achieved the target of 95%.

Priority 1: Urgent Care

Why is this a priority?

Urgent and Emergency Care is a priority because it impacts on everyone when at their most vulnerable. It is a point in the patient's journey where a real difference can be made to their experience and outcomes, and it drives the demand for a number of other services both in the acute and community setting. The vision for these services in Wolverhampton is to "improve and simplify the arrangements for Urgent and Emergency Care". The Trust will adopt the same principles for the services it provides for people in Cannock.

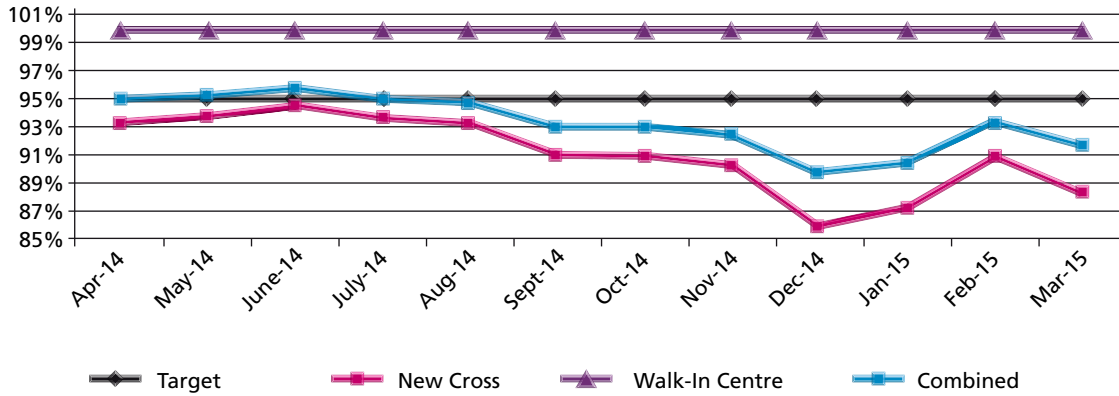
Urgent and Emergency Care covers three main areas:

1. GP Services
2. Community Services i.e. Walk-In Centres or Out of Hours provision
3. Hospital Services i.e. the Emergency Department, the Acute Medical Unit (AMU) and the Minor Injuries Unit (MIU) at Cannock Chase Hospital

The Emergency Department (formerly referred to as Accident and Emergency – A&E) is the first step in the pathway of emergency care and the number of attendances continues to increase at a rate that is becoming difficult to manage. At a time of growing activity, capacity within the current Emergency Department on the New Cross Hospital site has become limited and cannot continue to cope with increasing demand. The existing Department is no longer fit for purpose with the key issues being the lack of space for reorganising services and physical size of cubicles and diagnostic space. As part of the wider Urgent and Emergency Care Strategy for Wolverhampton, the Urgent and Emergency Centre Project Group has identified a number of key priorities to be covered as part of the A&E new build which is currently on target for completion in November 2015. These include:

- To provide high quality clinical care for emergency patients that is timely, accessible and consistently available;
- To deliver closer integration with Primary Care ensuring patients see the right clinician at the right time, 24/7;
- To modernise services and facilities which will ensure the most appropriate use of resources and improve the overall patient, visitor and staff experience;

Percentage of Patients seen within 4 Hours



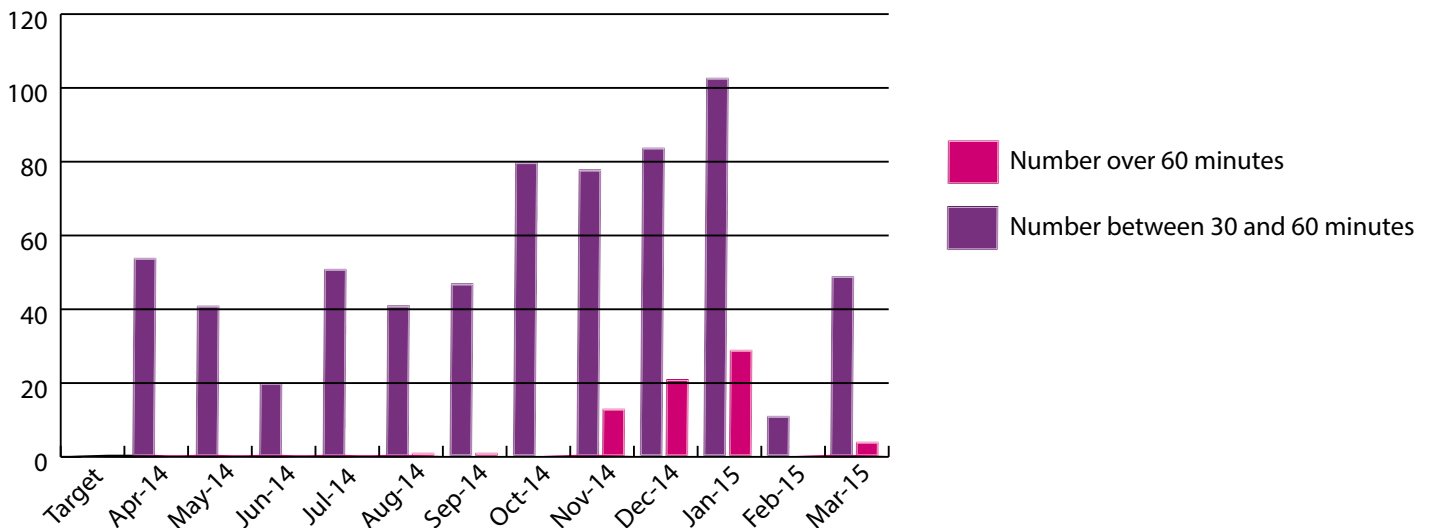
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
New Cross	93.31%	93.76%	94.62%	93.58%	93.29%	90.96%	90.86%	90.25%	85.88%	87.23%	90.99%	88.29%
Walk in Centre - Phoenix	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cannock MIU												100.00%
Combined	95.02%	95.27%	95.83%	95.00%	94.75%	92.89%	92.90%	92.5%	89.75%	90.43%	93.30%	91.87%

Trolley waits greater than 12 hours

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Number of patients waiting over 12 hours in A&E	0	0	0	0	0	0	0	0	0	0	0	0

Ambulance Handovers

	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Number between 30-60 minutes	0	54	41	20	51	42	47	80	78	84	103	11	49
Number over 60 minutes	0	0	0	0	0	1	1	0	13	21	29	0	4



How have we performed against 2014/15 plans?

The approval of the strategy allows work to begin on implementing the plans to improve Urgent and Emergency care services across the City. The work of the Urgent Care Working Group (formerly the Urgent and Emergency Care Strategy Board) continues and the priority will be focused on the implementation of the strategy. Projects and work streams will be overseen by the Urgent and Emergency Care Working Group and will be delivered through dedicated project groups and work streams with a reporting structure to ensure progress is continually monitored.

Our focus this year has been on the preparatory work for the new department. Multi disciplinary teams have met regularly to look at the best pathways for patients and to ensure that all the support services will be able to respond to the changes in how we look after patients attending the Urgent & Unscheduled Care Centre. We have used feedback from patients in helping us to develop the new ways of working.

The Urgent and Emergency Care System in the Future

Open 8am - 6:30pm mostly Mon - Fri	Open 24/7	Open 10am - 7pm Mon - Sun	Open 24/7
Improved timely access to GP Practices	NHS 111	Walk-in Centre at the Phoenix Centre, Wolverhampton. Minor Injuries Unit at CCH	Urgent and Emergency Centre



Alongside the work described above we have kept a focus on how we deliver services for patients in the current Emergency Department. We have displayed new signage showing the patient journey and giving an idea of which professional the patient may see. We have talked about the pressures on all our emergency portals in the section above. One of the changes we made was to take on the running of the Minor Injuries Unit at Cannock Chase Hospital from 1st March 2015.



Our plans for 2015/16

Delivery of the New Urgent & Emergency Care Centre

Alongside, and an integral part of, the Joint Urgent and Emergency Care Strategy is the construction and delivery of a new Urgent and Emergency Care Centre on the New Cross Hospital site. This development will provide the organisation with a new Emergency Department, with supporting Ambulatory, Diagnostic and Urgent Care facilities. There will also be access to Primary Care services both in and out of hours. Services will operate within a purpose built, state of the art clinical environment with the aim of improving the patient and staff experience, improving quality and efficiency of care and patient safety, and will provide flexibility to meet future demand.

Lead Director: Medical Director/Director of Planning & Contracting

Priority 2: Care of the Older Person

Why is this a priority?

We know that the elderly use more health care services than any other group therefore the Trust remains committed to delivering services that are designed appropriately for our biggest service user and respect for the autonomy and dignity of the older person must underpin our approach and practice at all times.

Our values are complimented by those highlighted in Compassion in Practice, a vision based around six values - care, compassion, courage, communication, competence and commitment. The vision aims to embed these values, known as the 6 C's, in all nursing, midwifery and care giving settings throughout the NHS and social care to improve care for patients.

How have we performed against 2014/15 plans?

The Trust continues to work effectively with colleagues in primary and social care to improve the way we deliver services for patients across organizational boundaries. Central to all this work are the values identified through our initial Care of the Older person key stakeholder event in held November 2012:

- Person centred care
- The involvement of carers and family
- Effective collaborative working
- Development of intermediate care
- Safe hospital
- Care, kindness and a respectful attitude
- Education training and innovation

Dementia Care and Caring for Vulnerable Adults

We believe that the 6Cs apply to everyone from clinical staff to people working in corporate and support services. As a result the Trust is rolling out a Dementia Awareness Programme – a 3 phased Trust wide education and awareness programme resulting in Wards / Department / Teams developing individual action plans. Specific training to develop staff skills in caring for older people and family liaison will be piloted across care of the elderly wards and evaluated and will include a Therapeutic Activity Project - an education programme for volunteers on activities that include sensory equipment.

A redesign programme to introduce single sex Care of Elderly wards has also taken place offering further privacy for our patients.



Communication Strategy

We have continued with a number of actions to improve our communication about Dementia including:

- Dementia Strategy 2015-2020 on-going launch / awareness raising.
- Launched at Band 7/8 Forum and Dementia Public Reference Group
- 'Dementia Friends' Programme – continues to be a popular vehicle for spreading a general awareness throughout whole Trust.
- 2 training sessions facilitated and attended by 208 domestic staff.

Evaluating progress

- Dementia Services quality indicators developed in collaboration with Quality Assurance Lead informing the audit programme.
- Audit of in-hospital prescribing of antipsychotic medication to patients with dementia in progress for completion June 2015.
- Audit of utilisation of 'About Me' planned for completion March 2016.

Plans for 2015/16

Our plans for the coming year build on the work we have done so far and will include:

Provision of an on-going dementia support programme

- 2015 Dementia Training Events – monthly events being facilitated.
- Dementia Action Network (DAN) Events being facilitated on a bi-monthly basis for 2015.
- 'Dementia Friends' Programme – in excess of 600 Trust staff attended.
- New HEE LDA Return being prepared for Quarter 4.
- Dementia Awareness Week – 18th-22nd May 2015 – Awareness & fundraising event
- Launch to Therapy Services Forums at New Cross, West Park and Cannock planned for April / May 2015.

Continual Review of Dementia Outreach Service

The programme will:

- Roll out existing good practice across the organisation
- Implement 'About Me' document across the organisation
- Provide clear guidance for all staff re: person-centred dementia care
- Dementia Outreach Service - reinforce referral criteria / expectations
- Include separate support / corporate services programme



Treating People with Dignity

We are committed to ensuring that all our staff treat patients with dignity at all times. We have introduced some key actions to keep us focussed:

- Our Wards and departments will have a dignity champion.
- Dignity input to Care of the Older Adult, Palliative Care, Dementia and Learning Disability strategies and Creating Best Practice programme as well as our patient experience work
- Establish Trust wide dignity audit
- Create and publish a compendium of best practice available for others to access
- Use patient feedback and experience-use opinion to shape future services.
- Have a greater variety of formats of patient and carer information to make sure we meet the needs of all patients and their carers.
- Re focus our Environmental strategy on promoting dignity.
- Ensure all our practice is evidence based and up to date

What have we done so far?

- Developed a monthly Dignity newsletter which is sent to all wards and departments via the Matrons and Senior Sisters
- Reviewed our Dementia and Learning Disability strategies to include dignity themes and commenced this work on our Care of the Elderly and Bereavement strategies.
- Used the National Dignity Council draft audit for care and health in T&O, CoE and Rehabilitation services to benchmark and action plan areas for improvement.
- Reviewed the Learning Disability and dementia leaflets, developed a "feedback flower" on Ward C22 and introduced flip charts outside care of the older adult wards for feedback.
- Close observation policy has been tested and is now included as appendix in our Falls Policy

Our plans for 2015/16

- Launch the Compendium of Practice to promote dignity
- BGS leaflet and poster campaign with monthly focus- Dignity and respect, Eating and Drinking, Communication, mobility
- Participation in Afternoon Digni-tea on a number of wards in each of our hospitals

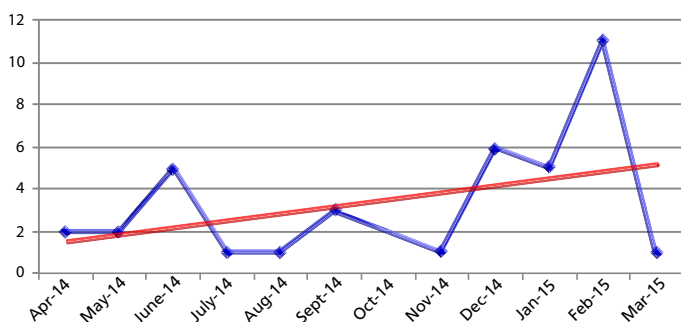
Falls

The Trust is piloting a therapy led walking team to work with patients who are at high risk of falls. The intention is to support patients in exercising and mobilising gently prior to discharge home and identify what aspects of care actually reduce the incidence of falling over, particularly in older people.

- The Trust links into the national lead for reducing patient falls and is receiving the most up to date information in managing this risk
- Improved patient assessment and intentional rounding continues to reduce the risks of patient falling however more needs to be done around reducing serious harm. The Trust is linking with national falls specialists, participating in research with NHS England and reviewing how the care bundle is used to reduce the number of serious falls

The prevalence of falls that cause harm is measured via the NHS Safety Thermometer and has seen an increase as demonstrated in the graph below. However, the total number of falls causing serious harm fell from 44 in 2013/14 to 40 in 2014/15. Every fall that causes harm is scrutinised and factors including what we could have done differently are considered. Reducing the numbers of falls that cause harm continues to be a challenge but will continue to be a high priority in caring for the older patient.

The Proportion of patients with any harm from a fall



Numbers of falls causing harm – ‘NHS Safety Thermometer’ (this is based on incidences on a single day in each month – more detail is shown in the Patient Safety section of this report)

Reducing the number of falls resulting in harm by 50% by March 2016 is an aim within our Sign up to Safety improvement plan which includes the following actions:

- Analyse local falls risk - use of scatter plot graphs.
- Early identification and assessment of risk at first point of entry into care and periodic review
- Patient specific falls assessments
- Environmental assessments
- Monitoring of incidence falls and incidence rates per occupied bed day
- Use of Human factors in Falls prevention training and awareness
- Integrate falls risks in ward handovers and safety briefings
- Introduction of Walking teams to support patients
- Using technology to reduce falls risk

Pressure Ulcers

The last 12 months has been very challenging, seeing an increased demand across all services. There has been a noticeable increase of the very frail elderly accessing services, which extraordinary complex health issues. The Trust follows the SSKIN principles, which stands for Surface, Skin inspection, Keep moving, Incontinence and moisture, Nutrition and hydration. The aim is to continue to have zero tolerance for all avoidable pressure ulcers. The progress over the last 12 months:

Education - The tissue viability team continue to educate staff and the Trust has 91% compliance with the training. The team uses aids such as “Billy” the prosthetic bottom, to help staff understand the grading system and proactive care to prevent pressure ulcers. Education was provided at Cannock chase hospital, to help the safe transition in November and embed the Trust policy for preventing pressure ulcers.

Surface - The Trust has invested in high specification hybrid mattresses at New Cross and West Park, which means patients’ have immediate access to an alternating mattress from May 2015, when their needs indicate the need. There are also high specification pressure redistribution cushions, to prevent pressure ulcers when patients sit out of bed. The community equipment provision is awaiting a review, to develop the system. An out of hours service provisions led by the Trust has help respond to faulty equipment or urgent needs within the community. Cannock Chase Hospital will also have the new hybrid mattresses in the near future.

Skin inspection - Preventing avoidable pressure ulcers is an on-going challenge. Community services has achieved over 700 days without an avoidable pressure ulcers. There has been a reduction of pressure ulcer incidence per 1000 beds days in the inpatient areas, but the Trust has not achieved zero number of avoidable pressure ulcers. The services are working through actions plans to prevent avoidable pressure ulcers.

Keep moving - Staff assess patients on an individual basis. The inpatient areas record patient comfort on intervention charts. Community services write to relevant care agencies/ homes to recommend an individualised management plan. Offloading pressure is paramount to prevent pressure ulcers. The Tissue viability team continue to evaluate new innovations, and are keen to launch a “help our heels” campaign and introduce new heel protectors on the formulary.

Incontinence and moisture - The continence team have launched new continence pathways. This with consideration for climate control and correct use of skin protectants, prevents moisture lesions which can increase the risk of patients developing pressure ulcers.

Nutrition and hydration - The Trust continues to work with the dietetics department to ensure patients nutrition and hydration is optimised.

The Future

The Trust plans to review all systems and processes and relaunch with a rapid spread strategy, to remind all staff of their accountable actions to prevent pressure ulcers. All serious incidents are scrutinised and each incident whether avoidable or unavoidable exposes lessons to be learnt and shared to ensure we have a health economy team approach to prevent pressure ulcers.

Preventing Infection

Infection prevention is an overarching priority for the Trust which is echoed by the Wolverhampton CCG and Wolverhampton City Council Public Health Service. Increased risk factors for healthcare acquired infections are acknowledged in the aging population, changes in use of health services and increasing technology requiring a high level of cooperation, communication and information to ensure healthcare associated infections are kept to a minimum.

2014/15 was another productive year both within the Trust and across Wolverhampton in minimising health care associated infections through partnership working. The challenge of rising community numbers of *Clostridium difficile* and further reductions in targets means new approaches are required and will take time to become effective. Essential to this is antimicrobial stewardship; innovation, maintaining a high standard of environmental cleanliness in healthcare facilities and ensuring best practice such as hand hygiene is constant. The strict adherence to such an approach is also beneficial in the reduction of other organisms and infections such as MRSA and emerging Carbapenemase resistant organisms. The work of the Infection Prevention Team includes education, research and development, standard setting, assurance and, most importantly ensuring patient safety in the prevention of spread and acquisition of new infections across the City.

We have proudly forged close links in care homes, very sheltered housing, local authority and independent contractors and work on several projects and initiatives to building on the successful reduction of MRSA transmission in care homes achieved between 2009 and 2014.

Sources of Data:

- NHS 'Safety Thermometer'
- Nursing quality metrics
- Laboratory data
- Domestic monitoring
- Morality information
- National HCAI data capture system

Monitoring

- Trust Infection Prevention and Control Group
- Environment Group
- Weekly accountability meetings chaired by the chief nursing officer
- Health and safety Group
- Clinical Quality Review Meetings
- Contract Monitoring Meetings

Specific achievements against last year's objectives include the following:

- The Intravenous Resource Team continues to deliver a high standard of line care with increasing numbers of patients discharged on Outpatient Parenteral Antibiotic Therapy.
- Surgical Site Infection surveillance information is shared with Consultant Surgeons via a monthly dashboard.
- Continued focus on supporting high risk areas of infection.
- Scoping of a care home prevalence project to progress in 2015/16.
- Securing an Infection Prevention Society small research grant to explore the effectiveness of electronic monitoring of hand hygiene.
- Lowest year on record for device related bacteremia in the Trust and communication of community acquired related device related bacteraemia cases for the first time.
- Continued support to care homes and very sheltered housing establishments across the Wolverhampton health economy by the Infection Prevention Team, ensuring a seamless services across healthcare facilities throughout the city and reducing norovirus related hospital admissions to acute services.
- Introduction of care home scrutiny meetings with surveillance data triangulated with other sources of care home knowledge to target improvement actions.





Our Plans for 2015/16

The Trust will continue to work effectively with colleagues in primary and social care and develop work streams and individual projects that will deliver the values of the Trust and our CCGs. A detailed annual programme of work is developed and include the specific projects below:

- Increase awareness of antimicrobial resistance
- Renewed focus on the Environment
- A research project to explore barriers and levers to hand hygiene with tailored interventions to address barriers and levers identified
- Understanding the benefits of a real-time electronic hand hygiene monitoring system
- Streamline catheter usage and care across the City
- Conduct HCAI prevalence study in Nursing Homes in Wolverhampton.
- Devise and deliver a link nurse competency framework
- Launch new annual training and recognition events for care homes and primary care providers.
- The dissemination and evaluation of bespoke Dental and GP training DVD's

The Trust Infection Prevention and Control Group continues to provide strategic direction, monitor performance, identify risks and ensure a culture of openness and accountability is fostered throughout the organisation in relation to infection prevention and control. This is reinforced in the community by working closely with Public Health and Commissioners to manage risks within independently contracted services and care homes.

Goals

- Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data.
- Develop an infection prevention system in the wider healthcare community setting.
- Zero tolerance to avoidable health care associated infection
- Expand research activity of the Infection Prevention Team.

Action Required:

The Trust acknowledges the current challenges in infection prevention by working in partnership with colleagues across the health community to deliver agreed nine strategic objectives through a health economy Infection Prevention Strategy. Strategic objectives focus on consistent high standards and innovation to sustain and further reduce avoidable infection in healthcare.

- Integral to this is the communication network established between the Acute Trust, independent contractors and community care settings which, in the past two years, has seen improved control of outbreaks and has sustained the systematic follow up of MRSA colonised and *Clostridium difficile* infected patients, offering them a community pathway for treatment and support.
- Maintain the approach to prevention of avoidable infection across the pathway through partnership working.
- Implementation of an annual programme of work working towards the delivery of nine key strategic aims.
- Implementation of novel treatments for *Clostridium difficile*.

Nominated Lead Chief Nursing Officer



Priority 3: End of Life Care

Why is this a priority?

2013 was a crucial year for End of Life Care; it marked the halfway point of the 10 year End of Life Care Strategy. The government has said that it will hold a review into the feasibility of a "national choice offer" to enable people to die at home. Dr Bee Wee, the new National Clinical Director for End of Life Care at NHS England is holding a consultation on how the strategy can be refreshed, following on from reports on the Liverpool Care Pathway and Mid Staffordshire Foundation Trust and the failures in care that occurred. It is vital that we continue working to ensure that end of life care is a core priority in the reformed health and care world.

It is recognised that palliative care is a crucial element in the care received by patients and carers throughout the course of their disease. Our aim is to ensure that all patients with an advance life limiting illness receive high-quality personalised care at all times, including symptom control and provision of psychological, social and spiritual care. Individuals' preferences on the location of care will be followed whenever possible and those patients that are dying within the Trust will have a dignified death, with family and other carers adequately supported during this process. Proving supportive and palliative care should be integral part of every health care professional's role.

Current Position

Caring for a person at the end of their life, and after death, is enormously important and a privilege:

How people die remains in the memory of those who live on.

The Trust offers a good bereavement service and an end of life service which requires a framework previously offered by the use of the Liverpool Care Pathway (LCP). Whilst there are examples of good practice there is always room for improvement. From June 2014 five new Priorities for Care replaced the Liverpool Care Pathway (LCP) as the new basis for caring for someone at the end of their life. The new priorities have been created by a coalition of 21 organisations known as the Leadership Alliance for the Care of Dying People (LACPD), of which CQC is part.



Drivers for Change

There is only one chance to get it right and it is not at all easy to coordinate everything that needs to happen. This strategic direction will help with that, putting the patients, the deceased and their carers as the focus of care, whilst balancing the needs of the legal and coronial system and the health and safety of staff.

The ethos of the Alliance's five priorities for care is mirrored in CQC's new inspection approach to make sure that people receive safe, effective and compassionate care at the end of their life. End of life care is one of the eight core services looked at during hospital inspections.

The new Priorities for Care mean that:

- The possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person's needs and wishes, and these are reviewed and revised regularly by doctors and nurses.
- Sensitive communication takes place between staff and the person who is dying and those important to them.
- The dying person, and those identified as important to them, are involved in decisions about treatment and care.
- The people important to the dying person are listened to and their needs are respected.
- Care is tailored to the individual and delivered with compassion – with an individual care plan in place.

Our Actions:

- Improving end of life pathways is a Trust objective with an Executive Director sponsor- Chief Operating Officer.
- Improving the quality of bereavement care is within the quality agenda of the Chief Nursing Officer.
- Ensuring compliance to the 5 priorities and improving bereavement care trust wide is being managed within the Trust's service improvement framework of Creating Best Practice and form a work stream within that framework.
- Getting it right is everyone's responsibility
- Improving the viewing facility in the mortuary



What we are doing differently:

- Creating an integrated approach to end of life and bereavement care which will be symbolised by the Swan logo. This imagery will be synonymous with end of life and bereavement and used on relevant documentation, trigger signage on wards to ensure a calm and respectful environment, on memory bags used to transport the personal effects of deceased patients and used on literature given out from the bereavement office. The rationale for use of this imagery is for it to trigger a compassionate response from any staff member, it is also envisaged, in tandem with awareness raising and education, it will allow us to re-personalise the process of death and give staff permission to offer help or support.



- Adopting some of the award winning practices showcased by the Salford Royal NHS Foundation Trust including:
 - offering the families of end of life patients keepsakes such as photographs(of hands) and handprints(similar to the hands and footprints we currently offer bereaved parents)
 - locks of hair(taken discreetly from behind the ear and presented in an organza bag) Currently piloted in Mortuary
 - returning jewellery in a ring/small box
 - having a book of remembrance available in the bereavement office
 - within the considerations of infection prevention and control offer the bereaved, or patient as appropriate the choice of their care after death being clothed in nightwear or day wear rather than a disposable paper shroud. (Currently being offered on ward C25)
 - Wards are now sending a condolence card
 - introduction of bereavement boxes in inpatient areas with all relevant equipment available, these would be combined with the current chaplaincy boxes
- Adoption of revised documentation and patient/career leaflets
- Refreshing the Trust bereavement booklet
- Renaming the Mortuary the Swan Suite for discrete communication in public areas of within earshot of the public

- Strengthening clinical practices for care after death to provide a more compassionate experience for the bereaved and dignified practice for the deceased
- Physical care given by healthcare staff following death in care settings has traditionally been known as 'last offices' this will now be referred to as 'care after death' a term more befitting our multi-cultural society.
- To develop Swan Champions across the Trust workforce
- Facilitating a family member staying overnight with dying relative
- Provision of training and awareness opportunities using existing induction , communication forums and current and bespoke educational programmes

The progress of the developments will be reported through the Creating Best Practice Steering Group.

How have we performed against 2014/15 plans?

- Trust ethos and philosophy agreed in preparation for launch day, teaching programme and for adding onto new intranet page.
- "SWAN" champions identified in each area.
- "Care in the last few days of life" document complete
- Patient and relative information leaflet on care of the dying ready for distribution alongside Care in last few days of life document.
- Education programme plan in place
- Launch event booked for 24/4/15 – senior managers for Trust and SWAN champions
- SWAN boxes and contents ordered and to be handed out to each area on launch day.
- Mortuary refurbishment on track to be completed by 23/4/15.

We have also:

- Introduced a single Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) policy across the local health economy to remove the need for repeated discussions with the patient and their family as they move between health care settings.
- Continued to work with commissioners in Wolverhampton on the implementation of their End of Life strategy

Statements of Assurance from the Board

Mandatory Quality Statements

All NHS providers must present the following statements in their quality account, this is to allow easy comparison between organisations.

Review of services

During 2014/15 The Royal Wolverhampton NHS Trust provided and / or sub-contracted 32 relevant health services.

The Royal Wolverhampton NHS Trust has reviewed all the data available to them on the quality of care 32 of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 85% of the total income generated from the provision of relevant health services by The Royal Wolverhampton NHS Trust for 2014/15.

The Trust has reviewed the data against the three dimensions of quality; patient safety, clinical effectiveness and patient experience. The amount of data available for review has not impeded this objective. The data reviewed included performance against national targets and standards including those relating to the quality and safety of the services, clinical outcomes as published in local and national clinical audits including data relating to mortality and measures related to patient experience as published in local and national patient survey, complaints and compliments.

Participation in Clinical Audit

During 2014/15 25 national clinical audits and 2 national confidential enquiries covered relevant health services that The Royal Wolverhampton NHS Trust provides.

During 2014/15 The Royal Wolverhampton NHS Trust participated in 92% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust was eligible to participate in during 2014/15 are shown in the table below.

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in during 2014/15 are as follows:

National Clinical Audit	Directorate	Applicable	Participating	Status of audit	% data collection and cases submitted
Heart failure (resource issues - Risk 3496)	Cardiothoracic Services	Yes	Yes	Completed	100%
Emergency laparotomy	Critical Care (Lead) / General Surgery	Yes	Yes	Completed	100%
Sentinel stroke national audit programme	Stroke	Yes	Yes	Completed	100%
Falls and fragility fractures audit programme (Includes the Hip Fracture Database)	Trauma & Orthopaedics (National Hip Fracture) and Care of the Elderly (Inpatient Falls)	Yes	Yes	Completed	100%
Diabetes (Adult)	Diabetes	Yes	No		Lack of capacity within the database team to deliver this audit.
National Audit of Dementia Care (Third Round).	Care of the Elderly	Yes	No		The timing for this audit has been changed by the Royal College of Psychologists to April 2016

The national clinical audits that The Royal Wolverhampton NHS Trust continues to participate in since 2014/15 are as follows:

National Clinical Audit	Directorate	Applicable	Participating	Status of audit
Acute coronary syndrome or Acute myocardial infarction	Cardiothoracic Services	Yes	Yes	In progress
Adult cardiac surgery	Cardiothoracic Services	Yes	Yes	In progress
Cardiac arrhythmia	Cardiothoracic Services	Yes	Yes	In progress
Coronary angioplasty	Cardiothoracic Services	Yes	Yes	In progress
Inflammatory bowel disease	Gastroenterology	Yes	Yes	In progress
Heavy menstrual bleeding	Obstetrics & Gynaecology	Yes	Yes	In progress
Maternal, newborn and infant clinical outcome review programme	Obstetrics & Gynaecology	Yes	Yes	In progress
Bowel cancer	Oncology & Haematology	Yes	Yes	In progress
Head and neck oncology	Oncology & Haematology	Yes	Yes	In progress
Lung cancer	Oncology & Haematology	Yes	Yes	In progress
Oesophago-gastric cancer	Oncology & Haematology	Yes	Yes	In progress
Prostate cancer	Oncology & Haematology / Urology	Yes	Yes	In progress
Diabetes (Paediatric)	Paediatrics	Yes	Yes	In progress
Epilepsy 12 audit (Childhood Epilepsy)	Paediatrics	Yes	Yes	In progress
Neonatal intensive and special care	Paediatrics	Yes	Yes	In progress
Chronic obstructive pulmonary disease	Respiratory	Yes	Yes	In progress
Rheumatoid and early inflammatory arthritis	Rheumatology	Yes	Yes	In progress
National Joint Registry	Trauma & Orthopaedics	Yes	Yes	In progress
Medical and surgical clinical outcome review programme	General Surgery and Gastroenterology	Yes	Yes	In progress

National Confidential Enquiries	Participated
Gastrointestinal Haemorrhage	Yes
Sepsis	Yes

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in, and for which data collection was completed during 2014/15, are shown in the tables above alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 4 completed National clinical audits were reviewed by the provider in 2014/15 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit	Directorate	If participating Actions that we have identified to improve the quality of healthcare we provide in this Trust
Heart failure (resource issues - Risk 3496) Audit 1339	Cardiothoracic Services	<ul style="list-style-type: none"> ◆ Meeting to be held between Dr Horton, Heart Failure Nurses and Clinical Coding to discuss Coding issues to improve accuracy. ◆ CD working with Commissioners to agree funding for an enhanced Heart Failure service that would address 'all cause' Heart Failure. ◆ Cardiology Services to expand to support daily Consultant-led specialist input for Heart Failure patients. 1 x Consultant currently undertakes 2 ward rounds per week on the AMU. Permanent specialist input is required. Further to acquisition of Cannock Chase Hospital a restructure of Heart Failure services will be undertaken.
Emergency laparotomy Audit 1008	Critical Care (Lead) / General Surgery	<ul style="list-style-type: none"> ◆ To present the organisational audit to both the anaesthetic and surgical Directorate Governance Meetings. The standards with which we are not compliant have been discussed with both Clinical Directors. ◆ Promote awareness of OP102 Non-Elective Surgery Policy. Introduce measures to increase the use of pre-operative calculation of peri-operative death (p-possu) from policy OP102. By presenting through anaesthetic and surgical governance when presenting the audit. ◆ The audit results and actions have been discussed at the Quality Standards Action Group. Departments have agreed where possible to introduce policies increasing our compliance with national standards.
Sentinel stroke national audit programme Audit 1656	Stroke	<ul style="list-style-type: none"> ◆ Support Regional Review Process: ensure submissions (business cases) provide required staffing and capacity ◆ Consider alternative partnership working with local Trusts and commissioners if Regional Review falters ◆ Learn from well performing services elsewhere (including via SSNAP disseminated good practise posters) and bring learning and implementation plan(s) to [next] Stroke Services Development Meeting(s) ◆ Consider co-locating West Park stroke rehabilitation ward with ASU at New Cross to maximise therapist's and service efficiency ◆ Review current working practises ◆ Extend audit to FairOak Ward, Cannock Hospital ◆ Build on patient/carer involvement service based at Cannock Hospital ◆ Approach commissioners to develop mechanism for their involvement in service provision and development
Falls and fragility fractures audit programme (Includes the Hip Fracture Database) Audits 1961 and 1510	Trauma & Orthopaedics (National Hip Fracture) and Care of the Elderly (Inpatient Falls)	<p>Trauma & Orthopaedics</p> <ul style="list-style-type: none"> ◆ No local recommendations have been made as the performance of the Directorate is satisfactory. The standard, "Admission for an orthopaedic bed within 4 hours" demonstrated a poor performance, however this is a corporate issue and so will be added to the Trauma and Orthopaedic Risk Register and escalated to Divisional Management accordingly. <p>Care of the Elderly</p> <ul style="list-style-type: none"> ◆ Forward presentation to all matrons for action to improve compliance in own departments as per responsibilities in current Falls Policy. Revise Falls policy to incorporate 'Creating Best Practice' recommendations

Clinical Audit Activity

(Our Internal Auditors reviewed our compliance with HQIP 10 Simple Rules for NHS Boards – Reasonable Assurance was gained).

Following changes made to the Clinical Audit and Effectiveness Policy (OP45) in 2013-14, The Royal Wolverhampton NHS Trust's clinical audit completion rate for 2014/15 (excluding national audits) is 90%.

The reports of 214 completed local clinical audits were reviewed by the provider in 2014/15 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Directorate	Audit Title	Actions
Acute Medicine	Re-audit: Is the Trust complying with the pathway for suspected DVTs	Include the DVT process and importance of adherence to the protocol after suspected DVT as part of Doctors induction.
Audiology	CROS Hearing Aid fitting - audit of patient outcomes	Develop a template to assist staff in assessing the appropriateness of CROS / BiCROS hearing aids for a particular patient.
Audiology	Vestibular Rehab audit	Service to introduce joint clinics for balance plate assessments.
Care of the Elderly	Re-audit: Quality and Safety of Inter-Hospital Transfers to West Park 2014/15	Checklist implemented to ensure notes, prescription sheets, insulin and warfarin prescriptions and medications are sent with patient at time of transfer.
Care of the Elderly	Local: Correct documentation on warfarin prescribing charts on D17	Drug chart amended to incorporate warfarin prescribing. Local induction in Care of Elderly amended to include warfarin prescribing.
Children Services – Acute	Local Audit Acute - Standard of medical documentation	Proforma made available on ward note trolleys and in Drs office to improve standard of medical documentation.
Children Services – Acute	Local Audit Acute - Developmental Dysplasia Hips	Referral pathway amended to target patients that require investigation as priority
Children Services – Acute	Local Audit Acute: Prescribing in Paediatrics Standards Safe Standard of Prescribing)	Teaching sessions for new doctors at local induction to improve prescribing of medicines
Children Services – Community	Local Audit - Review of Safeguarding Supervision	Safeguarding Supervision Policy amended to reflect national guidance
Critical Care	Are we following DAS Extubation guidelines?	A number of extubation tutorials provided and extubation checklist introduced in the recovery area for high risk patients.
Critical Care	Review of Anaesthetic record keeping.	Produce improved / updated anaesthetic record
Critical Care	Prospective audit of cancellation of surgery due to anaesthetic reasons	Checklist developed for preop. assessment nurses to trigger appropriate communication with an anaesthetist in order to reduce the chance of cancellation on the day
Diabetes	Medical Patients transferred to Beynon Short Stay Ward- Audit of appropriateness of transfer	To include blood transfusion under the Unsuitable Criteria in the RAG rating form for outlier transfers. To ensure that appropriate completion of the RAG form is included in the checklist on the Medical front sheet prior to transfer.
Emergency Department	Audit extension to national audit on management of asthma in children in the emergency department	Develop a new guideline on the management of wheeze in children.
Emergency Department	Surviving sepsis in children	New Sepsis checklist/guideline/proforma has been drafted for Children.
Emergency Department	Severe Sepsis and Septic shock (Adults) (Local Reaudit)	The Sepsis Pathway has been revised to address the areas that require improvement; the process for recognising sepsis/SIRS and patient care/treatment decision making.

Directorate	Audit Title	Actions
Gastro	Local audit of radiologically inserted gastrostomy (RIG) outcomes	Radiology to advise if patient is having a RIG as Gastro input is required. Patients to be reviewed by Nutrition & Dietetics Team.
Dietetics	Local: Correct placement of naso-gastric tubes (Never Event). (Local policy CP44/45 Enteral tube practice for children/adults) (re-audit)	Launch use of Trust wide NG stickers. Wards to audit their local compliance with correct tube placement thus highlighting if there is a concern or further training required.
Dietetics	Local: ONS are used in line with local guidance.	Local protocol developed regarding appropriate use, and to be uploaded to intranet.
Dietetics	Local - (Dietetics) Adherence to phosphate restrictions and binder prescription in haemodialysis patients	Develop patient resource regarding phosphate binders.
General Surgery	Local: Re:Audit Intravenous Fluid Therapy for Adult Surgical Patients	Fluid guidelines will be given to the Junior Doctors at induction and Junior Doctors Forum.
General Surgery	Local: Re: Audit Assessment of quality of pain management in surgical patients	Developed patient pain relief leaflet.
General Surgery	Local: Are we compliant with NICE guidelines on extended prophylaxis for patients undergoing lower GI cancer resections?	Update junior doctor handbook to reflect guidelines.
General Surgery	Local: Are fluids prescribed for acute surgical admissions in accordance with NICE guidelines?	A poster in SAU of a checklist of points that must be included on initial clerking e.g fluid status assessment, indication for fluids, 24 hour plan. A table developed of the composition of all fluids and daily requirements so that the most appropriate fluid is administered. IV fluids prescribing lanyard cards to be given to all junior doctors
Head and Neck	Local: Two-stage consent for Elective procedures - are we meeting trust targets?	Consent training at induction
Head and Neck	Local A retrospective audit on the referral of patient to the two week wait (2WW) Head and Neck Cancer Clinic	Consultants are going out into community (Black Country) to lecture general dental/nursing and medical staff. On-line acceptance of referrals via email. New proformas distributed to GP
Head and Neck	Local Consent for maxillofacial procedures: are we telling patients what they need to know?	Reduce clinic numbers to allow for sufficient time for staff to consent patients , allowing for two stage consent Information leaflets to be distributed to Appleby to provide to patients
Radiology	MSK USS Intervention	To send out patient information leaflet with the appointment letter – especially to include information with regards to driving (and car insurance)
Radiology	Audit of inclusion on SPECT.CT images of previously detected focal bone lesions undergoing further evaluation with radionuclide bone imaging.	Modification of radionuclide bone scan protocol such that SPECT.CT acquisitions include all areas of interest highlighted on the request form and any areas of abnormality identified on planar imaging.
Trauma & Orthopaedics	AKI detection and management in Orthopaedic patients	To add a checklist to the admission proforma for total knee/total hip replacements and NOFs which includes ensuring pre-op and post-op bloods are done within the recommended time frame.
Accident & Emergency	Audit of management of Urinary tract infections in children presenting to the emergency department against NICE guidance CG54	Development of a guideline for children with a UTI.
Head & Neck	Local: An audit of adherence to guidelines in clinical record keeping.	Ensuring that all members of staff are provided with a stamp. "OP7 Health Records policy" to be issued on induction to all members of staff joining the trust.
Cardiology	Re-audit : The assessment of LV systolic function by ECHO pre-discharge in patients following admission with acute ST elevation MI (NICE CG172)	Following the appointment of extra two cardiac technicians allocate 2 ECHO slots per day for Post-STEMI patients.
Acute medicine	Warfarin: Do patients get therapeutic INR level in the community?	To develop an education programme for GPs to offer guidance on Self-testing or self-management of INR in successfully trained people

Participation in Clinical Research

The Trust's performance continues to be on par with large Acute Trusts within the West Midlands region. Our research culture and overall performance continues to be fostered and encouraged. Ensuring that patients are given choice to participate in research trials is a national and local target and is identified by patients as an important clinical choice. The approach to research and development has been enhanced by the Trust becoming Host to the West Midlands Local Clinical Research Network benefitting from the higher Trust Board profile and also across the local population. Research at the Trust provides a number of complementary additions to existing patient care, treatment and choice. Feedback from research participants confirms that they value the opportunity to take part in research and that they feel supported and cared for when doing so.

The number of patients receiving relevant health services provided or sub-contracted by The Royal Wolverhampton NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 1,441.

Of these, 1294 were recruited into studies adopted onto the National Institute of Health Research Clinical Research Network Portfolio.

Achievements this year include:

- Sustained approval of trials within 30 days.
- 84% of studies approved within 15 days.
- Patient feedback and engagement processes in place.
- Continued high ratings from external study monitors.

On 1st November 2014, research activities being undertaken at Cannock Chase Hospital were transferred to the Trust. The R&D Directorate is providing support to Clinical Trials Unit colleagues and research active clinicians at Cannock Chase Hospital. This presents an excellent opportunity to develop and strengthen research across both sites. The Cannock Rheumatology Clinical Trials Unit have been recognised as being at the forefront of clinical innovation and translational research and NIHR data in 2013 identified it as the largest commercial rheumatology trials unit in the UK. The Cannock Dermatology service have made great progress over the past 15 months in developing their portfolio of research studies, involving both commercial and non-commercial sponsors.

Wolverhampton University / RWT Update

During 2014-2015 the Professor for Clinical Practice and Innovation working in partnership with the Trust and University of Wolverhampton researchers has been involved in the following:

(a) Nursing Professoriate for the West Midlands

A follow up meeting of the above group took place on the 6th December at the University of Wolverhampton Science Park. The aim of the meeting was to plan a way forward and agree terms of reference.

The day was supported by RWT and the University of Wolverhampton, and funded by the RCN. The outcomes of the day were that there would be a representation of the Group at the RCN Congress in June to carry out an agreed activity. The group also look to run a symposium in the autumn about 'What's happening with bereavement care in the West Midlands?' This event fits well with the ambitions of the Trust to uplift to 'the level of the best' end of life and bereavement care agendas.

(b) Research

Leading three caring sciences research bids submitted in partnership with the Trust and the University of Wolverhampton.

- (i) Local: 'Home from home? A case study of the first year settlement experiences of EU migrant nurses working in one NHS Trust'.
- (ii) Regional/National: Second stage proposal, 'An evaluation of the perceived impact of potential donor and family care on consent to donation after circulatory death'.
- (iii) European Commission: 'Deceased organ and tissue donation: Advancing European systems policy and practice (TODDAS)'.

(c) West Midlands Clinical Academic Internship Programme

Supporting the next round of the programme starting in March 2015. The taught element of the programme is structured to enable interns to develop skills in the design and delivery of clinical research. Interns are expected to carry out a small project or desk research as part of their programme.

(d) Implementation Organ Donor Memorial Study

Following a student competition to inform the above artwork an exhibition was held over three days at the beginning of December 2014 in the School of Art and Creative Design at the University of Wolverhampton. The exhibition was an opportunity to choose nine projects to take forward for development. Over 70 people; a wide cross section of RWT staff, university personnel and the public were invited to judge. The nine projects chosen are now under development and will be pitched to the Awarding Panel in February 2015, who will choose the final winning artwork. Students are being mentored by staff within the School.

(e) Conference presentations

Invited plenary, 'Current challenges in approaching relatives of potential organ donors following brain death,' at the EDTCO Congress, 3-5 October 2014, Budapest: and presentation, 'The influence of temporality on donation decision-making,' on 15 December 2014, at the Deconstructing Donation Conference, Lancaster University.

Future actions include:

- Increasing recruitment into all research studies
- Increasing medical research capacity
- Increase nursing / AHP research opportunities (Acute/Community care)
- Motivating inactive clinical services
- Improving recruitment times
- Maintain high levels of patient and monitor satisfaction

Faculty of Nurse Education

Incorporating Nurses, Midwives and Allied Health Professionals

The Nurse Education department provide support and development for pre-registration students, post registration staff at all levels and bands, and leadership development. There is also specific input and development for Health Care Assistants. The team provide this support in a variety of settings e.g. formal classroom based teaching and educational support directly in the clinical environment. The team support all the Trust hospital sites which now include Cannock Chase Hospital and a wide variety of settings in the community. The team provides support to nurses, midwives and a wide variety of AHP's including dieticians,



physiotherapists, Operating department practitioners, podiatrists and occupational therapists.

Pre Registration

Clinical placement areas	94
Training pathways	In excess of 42
Training days/weeks	55,000 days or 9,500 training weeks
Registered Nurses employed (from student cohorts)	47
Registered Midwives employed (from student cohorts)	19
On-going commitment to Mentorship programme	In excess of £29,000 set to continue
Development of Practice Support Facilitators (PSF)	Visited over 57 areas to provide direct support
AHP Practice Education Facilitator appointed	Will oversee pre reg training for all AHP's

Post Registration

This team support all train staff throughout their registered practice from Preceptorship through to Band 7 and above. Communication and update forums run for Band 6 and Band 7 nursing/midwifery staff and have evaluated very well. Band 6 therapy staff has also had the opportunity to attend lunchtime meetings in addition to the above.

Preceptorship	In excess of 100 newly qualified staff attended programme and completed a development portfolio
Practice Support Facilitators	Specifically to support Preceptees and monitor progress
IVI training	Compliance remains over 95%
HCA support	Competencies developed in line with Cavendish report
Higher level HCA programmes developed	BEACH course delivered to over 150 staff
Band 7 supervisory status	4 update sessions delivered

Clinical Leadership

The team provides taught theoretical training sessions and workshops, team development and individual support and development. A number of psychometric and team intervention tools are used to support this work

Development support has been given to teams to address concerns with a variety of issues including poor communication, low morale, poor performance, lack of team working/ cohesiveness.

Workshops focussing on Action Centred Leadership have been delivered to all Band 7's to date more than 110 staff have completed this 2 day programme. Evaluations have been very good with staff reporting that they have changed the way that they lead their teams and that this has had a positive benefit to the patients on their areas. The programme has been opened up to all band 6 staff and all 200 places for 2015 are full. Adair International visited and has promoted the Trust nationally as a beacon of best practice regarding this programme.





Use of the CQUIN Payment framework

A proportion of The Royal Wolverhampton NHS Trust income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between The Royal Wolverhampton NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically from Simon Evans, Head of Performance - simon.evans8@nhs.net



Overseas Recruitment

The Education department has supported the recruitment and induction of 93 trained staff during 2013/14.

81 of these staff have received their PIN number and are employed as trained staff throughout the organisation. The only staffs awaiting their PIN number is from the last cohort recruited all previous cohorts are registrants in this country.

Future Challenges / Developments

- Embedding the Care Certificate for HCA staff
- Supporting the process of revalidation for all nursing and midwifery staff
- Supporting the recruitment of further overseas nursing/ midwifery staff
- Developing leadership support with teams and individuals in line with national and local drivers



Statements from the Care Quality Commission

The Royal Wolverhampton NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions. The Royal Wolverhampton NHS Trust has the following conditions on registration (none).

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2014/15.

The Royal Wolverhampton NHS Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

In September 2013, The Royal Wolverhampton NHS Trust participated in the first wave of hospital inspections by the Care Quality Commission relating to the following areas of care:

- Safe;
- Effective;
- Caring;
- Responsive to people's needs; and
- Well-led.



The Royal Wolverhampton NHS Trust has made a number of improvements to address the conclusions by the CQC, many are detailed in this report:

- Address the shortage of midwives and nurses;
- Improve dementia care and access to dementia outreach services;
- Make environmental improvements in relation to infection prevention, bereavement facilities and safe room for patients with mental health issues;
- Improve information about complaints;
- Improve staff understanding of Trust feedback channels;
- Increase learning disability support to children;
- Improve Do Not Resuscitate documentation;
- Support junior doctors in breaking bad news: and
- Improve the service provided to bereaved relatives.

The Royal Wolverhampton NHS Trust has made progress in agreeing a comprehensive action plan with executive director leadership on each action. This has been periodically reviewed and monitored through the Trust governance framework and demonstrates significant improvement. In Quarter 4 the Trust piloted an internal peer review to further review compliance to CQC standards.

The second CQC inspection is expected to take place in June 2015.

During 2014/15 the Trust worked closely with the Care Quality Commission, other healthcare providers, commissioners and regulators on the transfer of services from Mid Staffordshire Foundation Trust to The Royal Wolverhampton NHS Trust and the University Hospitals of North Midlands NHS Trust.

As part of this transfer the Trust took over the management of Cannock Chase Hospital. The work with the Care Quality Commission involved a detailed review of how the Trust would ensure that the same standards, systems and processes were in place at Cannock Chase Hospital.

There was also a review of how the Trust would ensure patients remained safe during the transfer period. As a result of this work the Care Quality Commission extended the Trust's registration to include Cannock Chase Hospital without conditions

NHS Number and General Medical Practice Code Validity

Updated as per Month 11 2014/15

The Royal Wolverhampton NHS Trust submitted records during 2014/15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data shows an improvement in every area against the 2013/14 submission.

Which included the patient's valid NHS number was:

- 99.8% for admitted patient care;
- 99.9% for outpatient care; and
- 98.6% for accident and emergency care.

Which included the patient's valid General Practitioner Registration Code was:

- 100% for admitted patient care;
- 100% for outpatient care; and
- 100% for accident and emergency care

Information Governance

(Our processes for completion of the Information Governance Toolkit were reviewed by our Internal Auditors this year – reasonable assurance was gained that sufficient evidence has been provided to support the interim July 2014 IG Toolkit scores)

The Royal Wolverhampton NHS Trust Information Governance Assessment Report overall score for 2014/15 was 78% and was graded Green.

Clinical Coding Error Rate

The Royal Wolverhampton NHS Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Clinical Coding Audits were conducted and conformed to Information Governance Standards Level 3. The area Audited for this was Admitted Patient Care for General Surgery. The error rates reported in the latest audit for that period are detailed below and was based on a small sample of 200 Finished Consultant Episodes.

General Surgery Admitted Patient Care diagnoses and procedure coding (clinical coding) were:

- Primary Diagnoses Incorrect 4%
- Primary Procedures Incorrect 3.92%
- Healthcare Resource Groups changes 3.5%

All recommendations following the audit will be completed.

Statement on relevance of Data Quality and your actions to improve your Data Quality

The Royal Wolverhampton NHS Trust will be taking the following actions to improve data quality in accordance with the relevant Information Governance Toolkit standards:

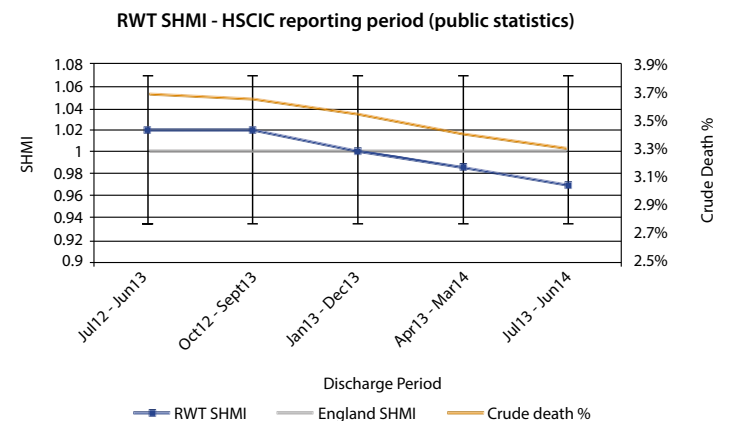
- Conducts regular audit cycles
- Performs monthly Completeness and Validity checks across inpatient, outpatient, A&E and waiting list data sets
- Monitor activity variances
- Use external/internal data quality reports
- Use standardised and itemised data quality processes in SUS data submissions monthly
- Hold bi-monthly meetings with Commissioners with a set agenda to discuss data quality items
- Hold bi-monthly Trust Data Quality Meetings to manage/review practices and standards

Core Quality Indicators

The data made available to the Trust by the Information Centre with regard to -

(a) The value and banding of the Summary Hospital-Level Mortality Indicator ("SHMI") for the trust for the reporting period; and

(b) The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period



The SHMI* produced by the HSCIC for July 2013 to June 2014 is 0.97 (England average is 1) and banded "as expected". RWT has the 20th lowest SHMI value in England for this period (out of a total of 137 acute trusts). The chart below represents the SHMI trend for RWT showing the consistent improvement over time (source: HSCIC, figures released quarterly, next release at the end of April 2015).

The estimated HSMR** for RWT is 102.6 (95% confidence intervals) for March 2014 to February 2015 and banded "as expected" (source: HED).

*SHMI - Summary Hospital Mortality Indicator

**HSMR - Hospital Standardised Mortality Ratio

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

The overall SHMI and HSMR for the hospital are helpful as an overall guide, but using the more specific data relating to standardised mortality rates in the various diagnostic categories is much more useful in ensuring treatment and management protocols are optimised for individual medical conditions.

The Royal Wolverhampton NHS Trust has taken the following actions to improve this score, and so the quality of its services by undertaking the following:

Using these data, the Royal Wolverhampton NHS Trust conducts mortality reviews and audits, looking at hospital processes, which inform decision making in relation to areas that require change or improvement.

The Royal Wolverhampton NHS Trust is a designated cancer centre and has a specialist palliative care team. The Trust places great importance ensuring that patients who require specialist palliative care are referred to the specialist team who will advise on palliative and where necessary end of life care.

The data made available to the trust by the Information Centre with regard to the Trust's patient reported outcome measures scores for:

- Groin hernia surgery
- Varicose vein surgery
- Hip replacement surgery, and
- Knee replacement surgery, during the reporting period.

	April 2013 - March 2014	April 2014 - Sept 2014	National Average	Lowest Report Trust	Highest Reported
(i) Groin Hernia Surgery	0.84	0.88	0.87	0.03	0.88
(ii) Varicose Vein Surgery	0.84	0.87	0.84	0.03	0.88
(iii) Hip Replacement Surgery	0.76	0.78	0.81	0.02	0.88
(iv) Knee Replacement Surgery	0.67	0.65	0.76	0.008	0.88

Data source: HSCIC Portal

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

- There are sound mechanisms in place to collect PROMs data, as reflected by national comparison.
- Patients are asked to complete the questionnaires. Often, some decline or take the questionnaire but fail to return it to the reception staff, others hand them back incomplete.

The Royal Wolverhampton NHS Trust intends to improve this score, and so the quality of its services, by improving the quality of pre-operative information to patients both oral and written

(d) Readmission Rates

Readmitted to a hospital, which forms part of the Trust, within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.



At the time of this report the information from the Health & Social Care Information Centre had not published the data for 2014/15. The Trust has used local data extracted on the basis of PbR Rules. The criteria are as follows:

- The emergency readmission must occur within 28 days
- The Trust has used PbR data as the source data which excludes patients 3 years of age and under from the readmissions
- Cancer / Chemotherapy patients are excluded from the readmission
- Patients are excluded if there is no national tariff for the readmission.
- Maternity patients are excluded from the readmissions where the HRG is under Obstetric Medicine.

The Rate is calculated by dividing the number of Emergency Readmissions by the total number of Admissions.

3. Helping people recover from episodes of ill health or following injury

Year	Total number of admissions	28 day readmissions	% readmitted
2012/13	4434	470	10.6
2013/14	4675	403	8.6
2014/15	4724	388	8.2

Patients aged 4-14 (national comparators are not available at this time)

The Trust's data source (PbR) excludes children 0-3

Year	Total number of admissions	28 day readmissions	% readmitted
2012/13	121529	3,845	3.2
2013/14	124524	4,444	3.6
2014/15	131653	5,355	4.1

Patients aged 15 and over (national comparators are not available at this time)

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

- It is required to provide information relating to readmission rates as a percentage of all admissions as part of its contracts with commissioners and as such monitors this very closely and discusses it with the commissioners.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve this percentage, and so the quality of its services.

The Trust reviews readmissions rates by undertaking a sample review of notes to determine whether the patient's treatment plan was appropriate and therefore the readmission was unavoidable. The findings are shared with our commissioners.

(e) The data made available to the Trust by the Information Centre with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period

	2013/14	2014/15
RWT	74.1	68.9
National Average	71.3	72.4
Trust with Highest Score	84.2	98.0
Trust with Lowest Score	55.4	41.0

Data source: HSCIC Portal

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reason(s):

- Focus and improvements in care provided have concentrated on providing care in line with individual requirements
- The Royal Wolverhampton NHS Trust intends to take/has taken the following actions to improve this score, and so the quality of its services, by:
 - Increased regular monitoring of specific standards of patient experience
 - Improved monitoring of ward to board quality and safety indicators

(f) Staff as recommenders of the Trust as a provider of care

4: The data made available to the trust by the Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

	2013/14	2014/15
RWT	71.77	78.49
National Average	70.57	76.52
Trust with Highest Score	93.92	98.42
Trust with Lowest Score	39.57	40.82

From 2013 the staff survey has been based on the Friends and Family Test- asking staff ' would recommend the Trust as a provider of care to their family or friends' Previously the Picker Staff Survey was based around a range of questions giving a different rate.

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

The Trust has implemented of a range of service improvement and engagement methodologies to work with our staff to enable us to identify and remove blockages to delivery of excellent service

The Royal Wolverhampton NHS Trust intends to take and has taken the following actions to improve this score, and so the quality of its services, by:

- Continuing to work closely with staff, giving them the opportunity to contribute towards improvements at work.
- Further improving communications between senior management and staff (for example communicating national and local priorities and pressures, innovations, changes to service delivery and improved care pathways)

The Trust recognises that these are areas of critical importance and we are therefore committed to further improving these results. Given the significant improvements already made we are confident that our approaches are having a positive impact in this area and will continue to do so.

(g) The data made available to the Trust by the Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period. The indicator is expressed as a percentage of all adult in-patients that have received a VTE assessment upon admission to the Trust using the clinical criteria of the national tool;

- The numerator is the number of adult in-patients that have received a VTE assessment upon admission to the Trust using the clinical criteria of the national tool (including those risk assessed using a cohort approach in line with published guidance); and
- The denominator is the number of adult inpatients (including surgical, acute medical illness, trauma, long term rehabilitation, day case, private).



5: Treating and caring for people in a safe environment and protecting them from avoidable harm (A)

	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
RWT	96.93%	97.43%	97.66%	97.41%	97.28%	96.91%	96.98%	*96.40%
National Average	95.48%	95.84%	95.79%	96.00%	96.15%	96.21%	95.96%	96.02%
Trust with Highest Score	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Trust with Lowest Score	78.74%	81.30%	74.09%	78.86%	69.23%	86.37%	81.19%	75.02%

Data source: HSCIC Portal (* Trust's own data)

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

A concentrated focus has been placed on the importance of undertaking VTE assessments across the organization and the Trust is consistently above the national average.

The Royal Wolverhampton NHS Trust intends to take and has taken actions to improve this percentage and so the quality of its services, by having a drive on completing VTE assessments in a timely fashion with increasing education of staff and constant vigilance and training of new staff.

(h) The data made available to the Trust by the Information Centre with regard to the rate per 100,000 bed days of cases of C. difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

5. Treating and caring for people in a safe environment and protecting them from avoidable harm (A)

	2012/13	2013/14	2014/15
RWT	15.8	15.5	*17.8
National Average	17.3	14.6	15.1
Trust with Highest Score	30.8	38.6	62.1
Trust with Lowest Score	0.0	0.0	0.0

Data source: HSCIC Portal (* Trust's own data)

Positive cases included have the following characteristics:

- Only patients aged 2+ are included.
- A positive laboratory test result for CDI is recognised as a case according to the Trust's diagnostic.
- Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken.
- The Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that Trust (where the day of admission is day one).



The Royal Wolverhampton NHS Trust considers that this data is as described for the following reason(s):

- The current actions to reduce Clostridium difficile are effective.

The Royal Wolverhampton NHS Trust has taken the following actions to improve this rate, and so the quality of its services, by:

- The development of detailed understanding of surveillance data,
- Prompt and thorough review of affected patients,
- Weekly dedicated ward rounds,

- Consistent monitoring and control of the in-patient environment including the use of hydrogen peroxide vapour,
- Promoting early treatment and isolation of patients affected,
- Community follow up of all patients with Clostridium difficile to minimise recurrence
- The adoption of a 3 stage testing algorithm in which all patients at risk of infection are followed up.
- Post discharge follow up to ensure any relapse/ reoccurrence is managed optimally

The data made available to the Trust by the Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

5. Treating and caring for people in a safe environment

2013/14 (full year data)			2014/15 (April – September)		
Incidents	% resulting in death	% resulting in severe harm	Incidents	% resulting in death	% resulting in severe harm
9064	0.07 (7)	0.03 (3)	4708	0.34 (16)	0.06 (3)

Data source - National Reporting and Learning System.

The Trust defines severe or permanent harm as detailed below:

Severe harm: a patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care;

Permanent harm: harm directly related to the incident and not related to the natural course of a patient’s illness or underlying condition is defined as permanent lessening of bodily functions; including sensory, motor, physiological or intellectual.

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

- The Trust has a well embedded and healthy reporting culture and promotes the reporting of near miss incidents to enable learning and improvement.
- The Trust undertakes data quality checks to ensure that all Patient safety incidents are captured and appropriately categorised in order to submit a complete data set to the National Patient Safety Agency.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve risk management and reporting and so the quality of its services:
- The Trust has reviewed its policy and training to facilitate swift reporting and management review of incidents (including serious incidents).
- The Trust has revised Induction and risk management training to align with risk indicators e.g. reporting and investigation of incidents and awareness and prevention of never events.
- The Trust has reviewed its timescale and process for investigation of serious incident to enable timely completion and adequate scrutiny of reports.
- The Trust was successful at level 3 assessment against NHSLA Risk management standards in September 2013.

The Trust will continue to review its incident reporting performance against the NPSA benchmarks and take appropriate action to redress any trends.



3: Review of Quality Performance

In addition to reports received by the Trust Board and the regular internal monitoring of our performance the oversight of Quality performance is managed by the committees below:

Quality Governance Assurance Committee: The Quality Governance Assurance Committee provides assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements.

The Committee relied upon the work of two sub groups:

- **Patient Safety Improvement Group** - This Group reviews a range of reports on a periodic basis including Serious Untoward Incidents, the use of Safer Surgery Checklists, Ward Performance monitoring reports, various applications for new procedures/techniques and Quality Impact Assessments for Programme Initiation Documents for CIP schemes and Evaluating the Safety Culture Survey of the Organisation
- **Quality Standards Action Group** - This Group's remit covers matters relating to compliance with standards and includes CQC on-going compliance monitoring reports, Safeguarding, NHS Litigation Authority (NHSLA) Risk Management Standard Compliance, external reviews and inspections, Clinical Audit (annual), Inpatient care and inpatient experience, National Audit Reports, and national reports such as Clwyd Hart report into complaints handling and the Francis report.

In addition there are regular meeting with our commissioners and key stakeholders including periodic reviews of the Trust.

Our Performance against the 2014/15 Priorities

Both the acute and community services focused on similar priorities and the Quality Account for 2014/15 will report performance against all the goals that were set.

Patient experience

The methods and scope of our data collection has broadened significantly. We are now placing more information outside each ward telling patients and the public what we have done as a result of their feedback. Our patient stories are used widely across the Trust as training aids. We have changed the way we present feedback to our staff to make it more meaningful for them and for people using our services.

Patient Safety

Pressure Ulcers and Skin Integrity

There is a reduction in numbers of pressure ulcers reported which indicates more joint working across the health economy. However we have found that a number of patients with chronic wounds are seen by a variety of different professionals so we will refine the wound pathway merging chronic and acute wound care across hospital and the community involving practice nurses with nursing homes. This will help to achieve seamless working and better pathways of care for the patient.

Infection Prevention

- Surgical site surveillance sustained at 4.7% in Quarter 3 14/15 (data unavailable for Q4 until June 2015)
- Device related bacteraemia reduced from 65 cases to 63 in 2014/15
- MRSA colonisation rates in care homes sustained
- Infection Prevention Policy suite updated to reflect
- National Guidance.
- Partnership working with PREVENT in care homes and very sheltered housing establishments.
- Partnership working with independent contractors.
- Reduction in blood culture contaminants since an enhanced blood culture Phlebotomy service was introduced. The blood culture contamination rate has reduced from 5.96% prior to the introduction of this service, to 1.51% in 2014/15
- Sustained environmental cleaning standards through audit and the use of hydrogen peroxide vapour decontamination for post outbreak and isolation rooms

Patient Experience

This is what the process of receiving care and/or treatment feels like for our patients, their family and carers. It is how we deliver care and support services and how we use the estates available. This can be any aspect that affects patients and the public, from the greeting received in reception or the ease of finding the correct part of the building to the way the clinician examines a patient or explains what is happening.

It includes all interactions and their impact on a patient or carer has with a healthcare service and their resultant reactions to this service, setting or facility.

The Trust's Patient Experience Strategy sets out the way in which the Trust will continually review and evolve the way in which it delivers services to patients with a particular emphasis on actively seeking feedback and acting on it as well as measuring our performance and improvement actions. An update on progress towards delivering the Strategy is shown in the following table.

Our strategy is to use what patients tell us as the basis for all we do in terms of how the Trust's culture reflects our vision and values and informs how we provide our services. We recognise the changing needs and wishes of patients and the public and we are setting our systems up to reflect this and to be responsive to these needs. Our strategy has an implementation plan to support it, provided below:

Objective	Action Required	Timescale to deliver	Measured by	Key staff	Accountable staff
Organisational culture instilling patient needs and experience as the founding basis for service provision.	Patient needs and requirements to be the founding basis for service design	December 2017	Regular review of Patient Experience Data, staff satisfaction survey	Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead	Chief Executive
Shift organisational culture instilling patient needs and experience as an intrinsic driver of change	Implement changes as a result of intelligence received	December 2017	Regular review of Patient Experience Data, staff satisfaction survey	Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead	Chief Executive
Update accessibility to reliable digital information in tune with current trends.	Redesign and update of Trust Website, allocate resource to and recruitment of expertise in web design and communications.	October 2015	Number of users Breadth of information available	Head of ICT, Web Developer, Communications Manager/Officer.	Patient Experience Lead
Build trust, establish and develop relationships with community and third sector organisations fostering Trust membership as a key engagement tool	Resource allocated to and recruitment of membership and community officer. Increase Trust membership, 3000 over 3 years.	On going	Increase in Trust membership, organisations worked with as partners	Volunteer Service Co-coordinator, Membership and Community Officer, Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead
Adopt honest and open approach to patient and public views about RWT	Patient Experience reports to be published on the Trust Website	Ongoing	Published information demonstrates the changes made	Communications Officer, Web Developer	Patient Experience Lead

We have achieved much in a short period of time in terms of delivery against this plan. Some specific actions to date are:

- Implementation of a Trust wide system of standards to measure patient experience at ward level. Each ward is tasked with reporting its performance against these standards.
- Patient experience metrics tailored to specific areas such as Maternity and Emergency Department.
- Meeting all CQUIN requirements of the Friends and Family Test.
- All patient experience data is publicised locally on each ward, including actions taken as a result of feedback received.
- A range of patient stories are available for use on the Trust intranet for us in staff meetings and training sessions. In addition the Trust Board hears a patient story each month in the public section of the meeting
- Review of the Patient Experience Forum terms of reference and re-launch of the Forum. Since this revamp the Forum meets every other month. The Forum is now chaired by the Patient Experience Lead. Papers and minutes are available on the Trust website. The purpose of this group is to monitor the progress of the Trust's Patient Experience Strategy, share learning and monitoring progress of the Trust's Quality Account
- A comprehensive patient experience report is produced each quarter and available through the Trust Boards papers section of the Trust website.
- Development of a team of volunteers to assist with feeding and promoting nutrition

During 2014/15 the Trust, in conjunction with Wolverhampton CCG, undertook a period of public consultation relating to the proposals to transfer some planned care from Wolverhampton to Cannock Chase Hospital (CCH). The Health Scrutiny Panel approved the consultation outcomes in November 2014 and an action plan has been developed to respond to any areas of concern identified through the consultation process. You can read more about our plans for Cannock Chase Hospital in Section 1: Annual Report.

Relationships with Stakeholders

The Trust has good and effective relationships with all its key stakeholders. Key forum and contacts include:

- Overview and Scrutiny – the CEO attends all meetings of the HSP and also informal briefings as requested.
- Local MPs – the CEO and Chair meet regularly with MPs to discuss issues affecting their constituents.
- Commissioners – there are a number of formal and informal meetings with commissioners at director and senior team level. A director from the CCG attends Trust Board meetings.
- Local Authority – there are formal and informal meetings with the local authority teams. The Trust has recently launched its Integrated Health & Social Care Team with Wolverhampton local authority. There are also regular tripartite director meetings including commissioners.
- Other providers - the Trust meets regularly with other providers through networks and more formal meetings at all tiers of the organisation.

During 2014/15 the Trust has further developed its relationship with stakeholders and commissioners in Staffordshire to prepare for the transfer of CCH.

Social Media

Our plans are to support the demands of the growing need to utilise social media in the NHS as a ways of communicating with and engaging local groups and people, also to overhaul and develop a new Trust website. In the last few months we have established twitter and facebook accounts and will expand the way we use these during 2015/16. We will also use the website as a means of communicating how we are performing with regard to patient experience, publicising local information for each ward such as survey results, Friends and Family Test score, complaints and Patient Advice and Liaison feedback.

National Inpatient Survey

The National Inpatient Survey for 2014 surveyed patients who were discharged from hospital during August 2014. The headlines are shown in the Listening to Our Patients section in Section 1: Annual Report.

About our Strengths – the results showed that we compared well (in the top 20% of all Trusts) in the following areas:

- Time on waiting list
- Pre-operation explanation
- Provision of written information on discharge
- Information on discharge to friends and family

Our areas for improvement – the results showed we need to do more in the following areas:

- From arrival, waiting time to get a bed on a ward
- Patients feeling threatened by other patients/visitors*
- Doctors and nurses talking in front of patients as if they weren't there
- Nurse staffing levels
- Involvement in decisions*
- Pain control
- Responding to call-bells*
- Discharge delays*
- Information about medications

**We scored in the bottom 20% of Trusts for these questions*

We have a number of actions in progress which we believe will help us to make improvements in all these areas many of which are described elsewhere in this Report.

National Cancer Survey

The National Cancer Patient Experience Survey 2014 (NCPES) follows on from the successful surveys in previous years designed to monitor national progress on cancer care. 1,015 eligible patients from the Trust were sent a survey, and 593 questionnaires were returned completed.

This represents a response rate of 64% once deceased patients and questionnaires returned undelivered had been accounted for. The national response rate was 64% (70,141 respondents). In 2013 the national response rate was 64%.

The Trust's results are in line with those for 2013, key changes are shown in the tables below:

The Trust is in the top 20% of Trusts for the following questions:

Patient told they could bring a friend when first told they had cancer
Patient felt they were told sensitively that they had cancer
Possible side effects explained in an understandable way
Patient given written information about side effects
Patient definitely told about treatment side effects that could affect them in the future
Patient given the name of the CNS in charge of their care
Hospital staff gave information about support groups
Hospital staff gave information on getting financial help
Hospital staff told patient they could get free prescriptions
Staff gave complete explanation of what would be done
Patient given written information about the operation
Staff explained how operation had gone in understandable way
Staff told patient who to contact if worried post discharge





The Trust had statistically significant improvement from the previous survey in the following questions:

Patient told they could bring a friend when first told they had cancer
Patient given written information about side effects
Patient given the name of the CNS in charge of their care
Hospital staff gave information about support groups
Patient given written information about the operation
Staff explained how operation had gone in understandable way

The Trust is in the bottom 20% for two of the questions and two other questions encompassing general practice and social care:

Always / nearly always enough nurses on duty
Hospital staff did everything to help control pain all of the time
Patient definitely given enough care from health or social services
Practice staff definitely did everything they could to support patient

There was a statistically significant decline in the following Questions:

Taking part in cancer research discussed with patient
Always given enough privacy when discussing condition or treatment
Patient definitely given enough care from health or social services
Staff definitely did everything to control side effects of chemotherapy
Hospital staff definitely gave patient enough emotional support

Action plans have been developed to address the areas where the Trust needs to make improvements and to ensure we maintain areas of good performance. Some of the actions have been described throughout this Report.

National Care of the Dying Audit

Around half of all deaths in England occur in hospitals. A core responsibility of hospitals is to deliver high-quality care for patients in their final days of life and appropriate support to their families, carers and those close to them. The standards of care in this audit, which is conducted by the Royal College of Physicians, are based on relevant national policy.

This audit comprised the following sections.

1. An organisational audit – key organisational elements that underpin the delivery of care.
2. A case note review – a consecutive, anonymised case note review of the all patients who died (excluding sudden unexpected deaths) within a defined timeframe.

All data were analysed descriptively and key performance indicators for the organisational and clinical elements were developed (by the NCDHA steering group), reflecting accepted national standards. Clinical data were recorded from consecutive case-notes of patients who had died during May 2013. For this Trust 75 case notes were included.

Organisational element key findings:

- No face-to-face palliative care service 7 days per week, despite a longstanding national recommendation that this be provided (face-to-face service on weekdays only)
- Care of the dying is not included in mandatory training despite national recommendations that this be provided
- No formal structured process in place to capture the views of bereaved relatives or friends

Case note review element key findings:

- Most patients (75%) had documented recognition that they were in the last hours or days of life, but discussion with patients was only documented in 33% of those thought capable of participating in such discussions. Communication with families and friends was recorded in 95% of cases. These discussions occurred on average 20 hours prior to death.
- There was no documentation of discussions about spiritual needs for patients thought capable of participating in such discussions. In only 8% of cases was it documented that relatives / carers were asked about their own needs.
- There was variable prescribing 'as required' medications for the 5 key symptoms which may develop at the end of life (53-68%). In the last 24 hours of life, 24% received medication for pain and 16% for agitation. 13% had a continuous subcutaneous infusion of medication via a syringe driver.
- An assessment of the need for clinically assisted (artificial) hydration (CAH) was recorded for 55% of patients, but discussions with the patient were recorded in only 14% of those thought capable of participating in such discussions. There was documented discussion with relatives and friends in 27% of cases. CAH was in place in 41% of patients at the time of their death.
- An assessment of the need for clinically assisted (artificial) nutrition (CAN) was recorded for 38% of patients, but discussions with the patient recorded in only 11% of those thought capable of participating in such discussions. There was documented discussion with relatives and friends in 20% of cases. CAN was in place in 9% of patients at the time of their death.

- In keeping with national guidance, all patients (100%) were assessed five or more times in the final 24 hours of life.

The Friends and Family Test

The Friends and Family Test is a national survey looking at patient’s satisfaction with our services by asking whether they would recommend us to their own friends and family. Surveys are undertaken for inpatients, outpatients, Maternity and the Emergency Department. The Trust uses the results alongside other information from patients and their families and carers to inform changes to how it delivers its services. Our results for 2014/15 are shown below:

Survey response rate

	Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15	Average
Emergency Department	18%	17%	28%	28%	23%
Inpatients	35%	30%	27%	32%	31%
Maternity	17%	14%	12%	18%	15%
Outpatients	0%	0%	28%	32%	15%

Percentage of patients who would recommend the Trust

	Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15	Average
Emergency Department	84%	82%	82%	84%	83%
Inpatients	96%	92%	93%	90%	93%
Maternity	97%	100%	100%	100%	99%
Outpatients	0%	0%	91%	93%	46%

Percentage of patients who would not recommend the Trust

	Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15	Average
Emergency Department	10%	11%	9%	8%	9%
Inpatients	1%	3%	3%	5%	3%
Maternity	1%	0%	0%	0%	0%
Outpatients	0%	0%	4%	3%	2%



Trust Feedback Cloud

One of the developments in how we present patient feedback is the Feedback Cloud. This gives a visual representation of the number of times a keyword appeared throughout the comments we receive about our services and the care we provide. The larger the keyword in the Feedback Cloud the more times it occurred in the comments, an example is shown below:

January 2015 data



PALS and Complaints

PALS outreach is being developed to increase the Trust’s in various community locations. Patient representatives are encouraged to take an active role in various project groups so that they can influence new changes as they occur. We continue to actively recruit volunteers to assist with way finding and escorting patients around the hospital site, to helping with the Friends and Family Test collation. We currently have over 800 volunteers and regularly hold volunteer recruitment events and explore new volunteering roles. The mobility scooters continue to be a valuable and much appreciated resource and are driven by trained volunteers to assist patients who have limited mobility.

The table below shows the number of PALS contacts and the number of complaints. PALS contacts have continued to rise year on year as we actively encourage people to talk to use about their experience. We believe this approach helps us to deal with concerns before they result in a formal complaint

	2011/12	2012/13	2013/14	2014/15
No of PALS Contacts	1292	1475	1862	1939
Total number of complaints	417	419	402	365

During 2014/15 14 complaints were referred to the Parliamentary Health Service Ombudsman (PHSO) by complainants. Six of these complaints were partially upheld by the PHSO.

The Trust recognises the importance of learning lessons when we do not provide the standard of care patients, carers and relatives expect and taking remedial action to prevent future recurrences. We continue to work on improving our reporting systems and understanding the underlying issues that we need to address in order to improve patient experience and reduce complaints.

Volunteering Services

The Trust has had a busy and productive year within Voluntary Services. At New Cross Hospital there has been a targeted recruitment drive and training for ward based meal time helpers. Just over 40 have been recruited in the last 12 months.

In November 2014 we welcomed approximately 100 volunteers based at Cannock Chase Hospital who perform a variety of diverse and interesting roles. Further recruitment for Cannock Chase Hospital has now begun.

We have improved our volunteering communication strategy providing a quarterly newsletter and network meetings which are available to all Trust volunteers. We continue to provide reward and recognition through the annual Trust Volunteer Awards.

As we look forward into the next 12 months one of the projects we are supporting is the funding and establishment of an activity and resource base for Care of the Elderly patients at New Cross Hospital.

The Trust is extremely grateful and proud of its volunteer workforce who allow us to go that extra mile in providing excellent patient and carer experiences.

Patient-Led Assessment of the Care Environment (PLACE)

On the 20th February 2013 the Chief Nursing Officer for England announced the new system for assessing the quality of the hospital environment from April 2013. PLACE replaced PEAT - Patient Environment Action Team.

New Cross

Scores in blue, National average green

The new ward inspection regime concentrated on things that matter most to patients and looks at how the environment supports patients 'Privacy and dignity', food, cleanliness and general building maintenance and décor. It focuses entirely on the care environment and non-clinical issues. In 2014 a few minor changes to the inspection were made as follows:

- Organisations were allocated a 6 week period to undertake the inspection.
- Patient Assessors may now complete more than one Patient Assessment Summary Sheet.
- Scoring algorithm's changed and a weighting algorithm has been applied to the organisational food question.

Inspections

The details for the inspection process were as follows;

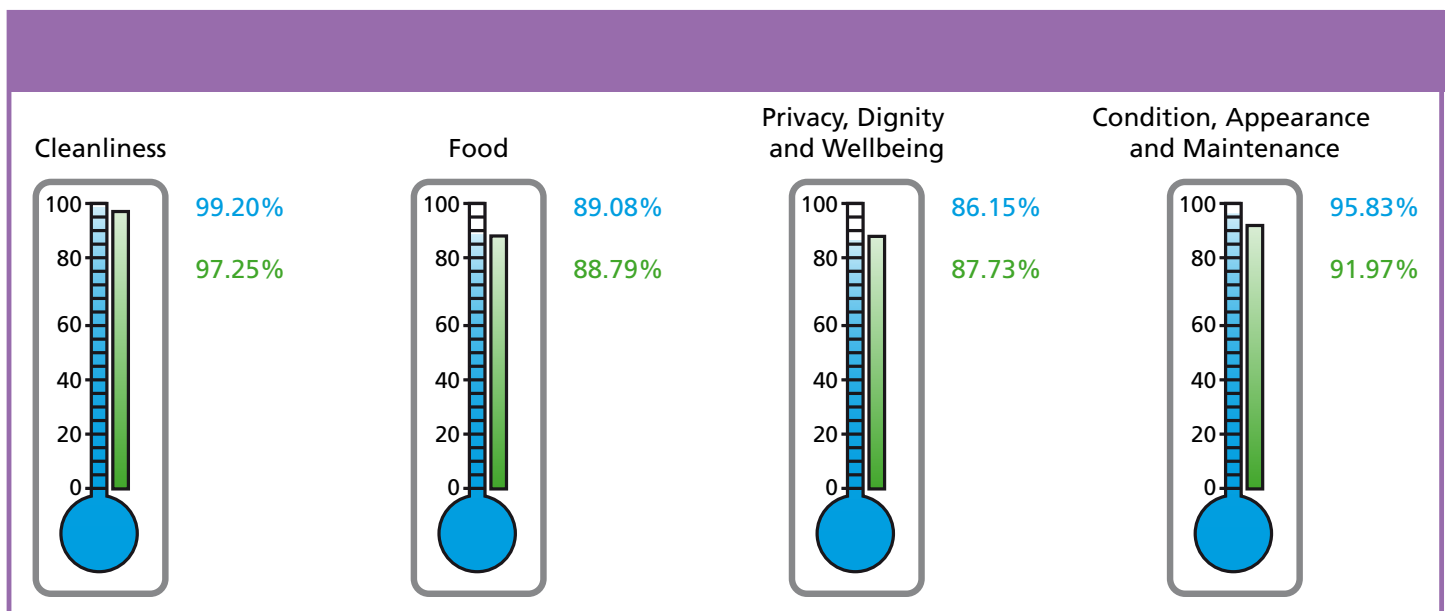
	Date	No of Patients Assessors	No of Staff	No of Wards inspected	No of outpatients inspected	No of food tastings
West Park	07.05.14	2	2	4	3	2
New Cross	09.04.14	7	7	10	10	5

In addition both sites had an external and internal inspection of general areas.

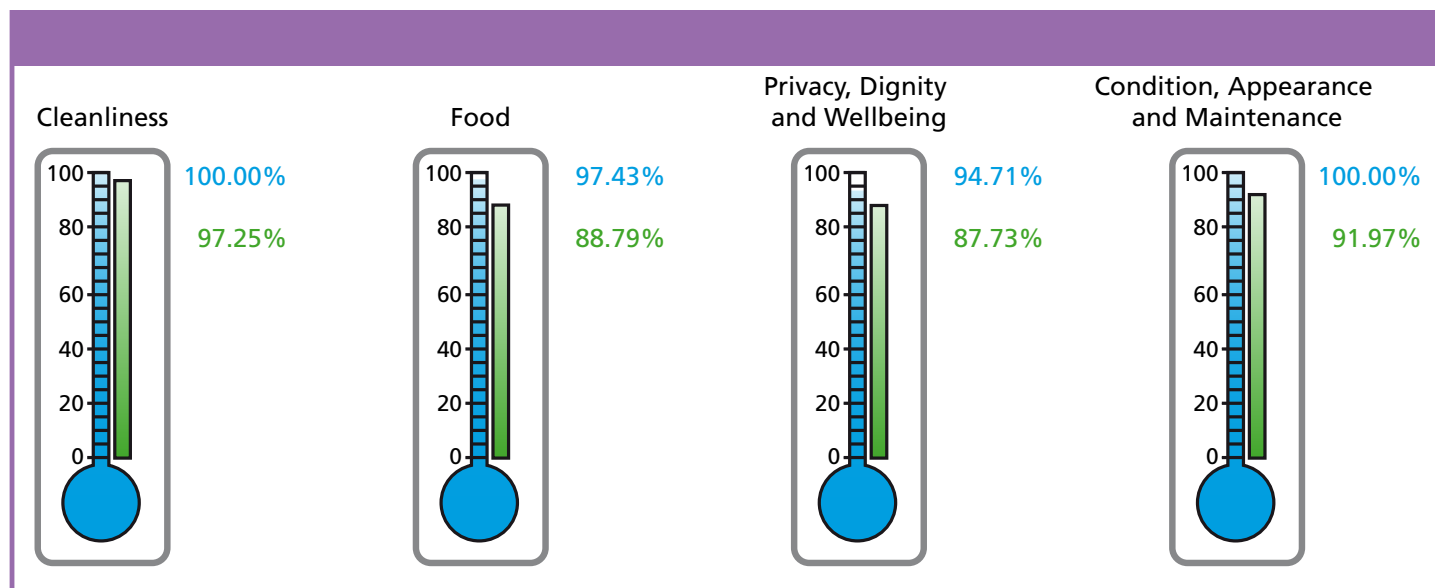
The inspection process was very much led by the patient assessors supported by a staff member acting as scribe. Each team comprises of at least 50% patients.

The patient assessor had received training on how to conduct the inspection and it was made clear that it was their opinion and not the staff members that would be documented that counted. The inspection process was not a technical audit.

The scoring was made very clear and in most cases was either a pass (2 points), a qualified pass (1 point) or a fail (no points).



West Park



On the whole both sites scored very well and obtained good results. Both sites scored above the National Average with the exception as follows;

- RWT – Privacy & Dignity 86.15%
- National Average 87.73%

In addition West Park scored 100% for cleanliness and Condition, Appearance and Maintenance.

Although all other areas scored higher than the National Average the Trust is required to produce an Action Plan.

Action Plan

New Cross

1. Review disability access to car parking machines, also to include the distance machines are from buildings.
2. Provide assurance that patient's clinical needs are assessed prior to them going to the Beynon Short Stay Ward.
3. To ensure, if necessary that relatives are involved regarding suitable menu choices for patients with Dementia.
4. Review the need for additional maps/directions at all other entrances into the hospital and on every car park. It was also noted that C21 is missing from the map. It would also be useful to identify some areas by description and not just a number, i.e. Maternity, Pharmacy.

West Park

1. Review menu provision and consider the possibility of providing a soup and sandwich lunch option and hot breakfast item.

Minor changes to organisational and assessment details, organisational question facilities, organisational question food and some of the assessment sheets.

Equality and Diversity

The Trust is committed to providing quality services to meet the diverse needs of the population it serves. A summary of key progress on actions on the Trust's equality objectives is below:

Services Action Plan

- Key documents such as Buying Better Outcomes: Mainstreaming equality considerations in procurement. A refreshed Equality Delivery System for the NHS and information around the Workforce Race Equality Standard have been circulated to key staff. Work is underway to gather and publish information.
- Work has commenced to publish the Trust's equality analysis register, which includes an overview of equality analysis that have been undertaken.
- The Trust's Patient Advice and Liaison Service (PALS) posters have been translated into Punjabi and Polish, these versions, along with an English version have been circulated to marginalised groups, stakeholders and partner organisations.
- The equality and diversity section of the Trust's website has been linked to the PALS section of the Trust's website.
- An Equality Impact Assessment has been undertaken on the Complaints and PALS processes to ensure the needs of people with protected characteristics are considered.
- Interpreting and translation services have been publicised within the Trust.
- Work is underway to incorporate equality and diversity into complaints and PALS training.
- A generic bedside folder (including specific information relating to Cannock Chase Hospital and West Park Hospital) has been drafted. It will include the new brand image for the Patient Experience Team.
- A limited amount of themed PALS data relating to PPC's has been captured for 2014/15. Due to the nature of the complaints service, PPC's are not routinely captured, this is in an effort not to inflame the complainant.

- The use of an electronic patient tracker device to capture patient's experiences and their PPC's was considered, however, the patient tracker is no longer used.
- A learning disability strategy is being developed, including promoting the use of the hospital passport and developing an electronic version. Work has commenced on the possibility of GP's identifying patient's access requirements when referring into services.
- Work has commenced on the review of the appointments system, reducing non-attendance rates, text/telephone reminders and patient letters.
- Work has commenced to investigate the possibility of providing services to help address health inequalities. Patients with Learning Disabilities are invited for an annual health check with their own GP's. Easy read information is being developed for Trust services. Initial discussions have taken place regarding a system to produce Easy Read invite/appointment letters.

Patient Safety

Patient Safety is our overarching priority and encompasses a number of programmes of work across the Trust. Key areas this year have included:

Safe Staffing

To deliver safe patient care and a good patient experience our wards and departments need to have the right levels of staff for the dependency of the patients they treat. The Trust has reviewed its staffing levels using nationally recognised tools and has had an active recruitment programme including international recruitment to help to address shortfalls in numbers. As part of the implementation of the guidance on the delivery of the 'Hard Truths' commitments (March 2014) associated with publishing staffing data the Trust now reports monthly information on nursing and midwifery staffing. Staffing Information is provided by Senior Sisters / Charge Nurses and collated centrally. Matrons review data with their respective wards. Heads of Nursing contribute some analysis to the data. This staffing data is reported to the Senior Nurse Strategic Group and posted on the Trust intranet site.

Planned staffing with actual 'fill rate' per shift with differentiation between Registered Nurses [RN] and Health Care Assistants.

Number of wards below average 80% fill

	Oct	Nov	Dec*	Jan	Feb	Mar
RN day	5	6	9	5	7	10
RN night	3	3	5	10	14	10
HCA day	11	8	9	6	3	1
HCA night	0	2	2	3	2	2

*Includes Cannock Chase Hospital site from this date onwards

Monthly average Trust fill rate :

	Sept	Oct	Nov	Dec*	Jan	Feb	Mar
RN day	87.5	91	91	90	91	90	87
RN night	84.1	89.2	87.6	87.9	89	86	88
HCA day	103.2	104	104.5	100	102	104	103
HCA night	118.1	112	117.2	116.6	116.6	119	118

*Includes Cannock Chase Hospital site from this date onwards

To support the Trust in recruiting the right numbers and grades of nurses there has been an active recruitment programme including overseas recruitment. You can read more about how we support nurses from overseas in the Education section of this report.

Nurse Revalidation - 2016

The Nursing and Midwifery Council is changing the requirement which nurses and midwives must meet when they renew their registration, every three years. The new Nurse Revalidation process should be implemented from early 2016 and fully implemented by December 2018. Revalidation is applicable to all nurses and midwives irrespective of their role, be that frontline staff in clinical care, education, research, advisory management and leadership roles.

The purpose of revalidation is to improve public protection by making sure that nurses and midwives continue to be fit to practice throughout their career and replaces the current post-registration education and practice standards (PREPP).

The Trust has established a steering group to ensure that it is able to support staff in meeting their new obligations.

Midwifery Supervision

As part of their ongoing registration midwives undergo supervision which supports their clinical practice and enables them to reflect in a protective environment on the care they give to mother and baby. The Trust has a robust arrangement for supervision with a health ratio of midwives to supervisors. There is an inclusive approach between supervisors and managers through governance arrangements which supports the ongoing development of the services we offer. Periodic reporting from Supervisors of Midwives happens at each level through the Trust including regular reports to the Trust Board. There is an intention to change the current arrangements for midwifery supervision from 2016, the Trust will amend its reporting to meet the new requirements.

Supporting Safe Transfers and Discharge

Following comments from patients and their families as well as gaining another Trust site at Cannock Chase Hospital we have reviewed all our processes for the safe transfer and discharge of patients. Key changes are:

- The Transfer Policy has been updated and made available to all staff on all sites via our intranet
- We have launched a new Transfer checklist
- We have reviewed our Discharge policy and agreed a new discharge checklist

Next Steps:

- Re audit of transfer checklist to commence May 2015
- Revised Escort policy will be ready in the early summer

Leadership Walkabouts

The Trust is in the process of reviewing the way it conducts walkabouts with the Non Executive Directors. During the last few months a NED has joined the peer review team as part of the internal mini CQC style inspection. The CCG undertake Safety and Quality Rounds using the Patient Safety "15 Steps to Quality" and together we use the rich data this provides to support our assessment of safety and safety culture amongst our staff. Throughout the year all areas have been reviewed on more than one occasion and community areas continue to be included in the programme.

Safehands

This year we have extended the use of our Safehands system and introduced automated hand hygiene monitoring. We now monitor in excess of 1.4 million staff hand hygiene events each month in support of our drive to eradicate healthcare acquired infections. This is thought to be the biggest of its kind in the world.

Giving Children the Best Start in Life

The Trust has developed a pioneering programme called the Family nurse Partnership to support first time mothers aged 20 or under. The programme provides continuity from early pregnancy until the child's second birthday by having the same nurse working with the family. Trials of the programme show that:

- There is a reduction in smoking during pregnancy
- There are greater intervals between pregnancies and fewer subsequent births
- There are reductions in child abuse and neglect
- There is greater involvement of fathers

NHS Safety Thermometer

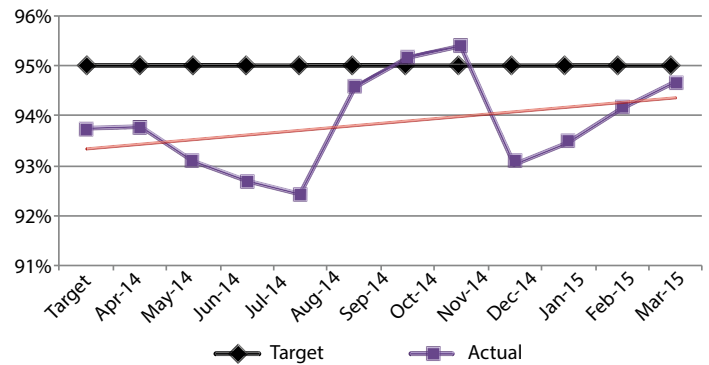
The Safety Thermometer is a national tool which is intended to give a picture of care across the NHS.

Its purpose is to specifically “look” for harms; pressure ulcers, catheter associated urinary tract infections, venous thrombo embolism and falls using a method called Point Prevalence.

On one day every month the Trust looks for trends and information that enables us to improve month on month. Our monthly surveillance covers an average of 1100 patients looked after in both hospital and in their homes. The Trusts aim is to achieve 95% harm free care.

The graph and table below show our performance and the number of patients in the sample reviewed each month. The Trust uses this information alongside more detailed monthly analysis to support changes to how we care for our patients.

Safety Thermometer - Harm Free Care



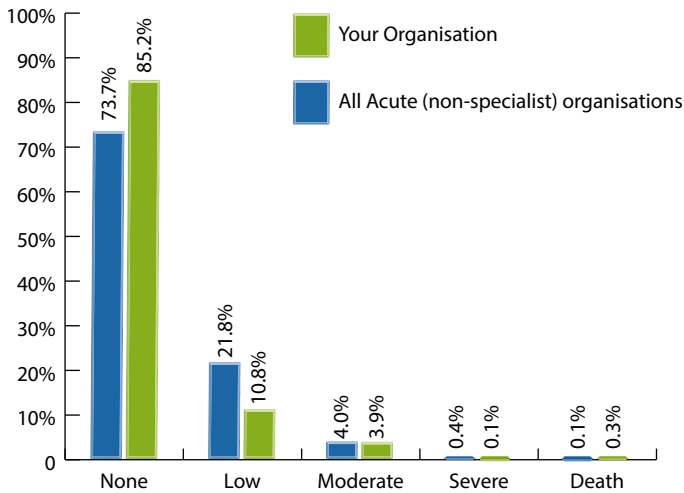
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Sample (patients)	1,089	1,015	1,074	903	1,175	1,133	1,185	1,198	1,144	1,219	1,216	1,225



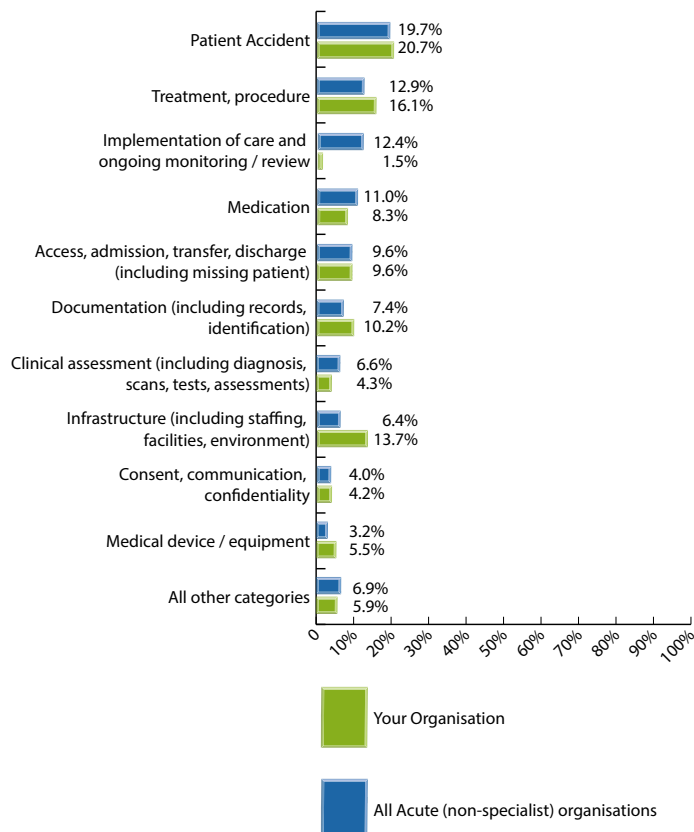
Incident Reporting

(Please note: This is the data for Apr 14-Sep 14. The data for Oct 14-Mar 15 data will not be available until this Sep 2015)

The Trust prides itself in reporting all types of incidents to ensure that we learn lessons and improve. Monthly reports of all Patient Safety incidents are made to the National Patient Safety Agency (NPSA) reporting system. Twice yearly the NPSA produces a feedback report that compares the Trust reporting data with the rest of the country. The type of data presented compares the types of incidents occurring, degree of harm to patients and the Trust compares to similar sized organisations across the NHS.



The graph above shows degree of harm to patients and the Trust differs from other organisations in reporting more 'No Harm' incidents noted as none. This is linked to the high reporting of near miss incidents and influenced by the quality checks performed on entries to ensure they are correctly recorded and categorised. The Trust uses learning from incidents, near misses and trends to make improvements and create a safer environment for patients and staff.



The graph above shows the top 10 incident types for RWT compared to similar sized Trusts across the county. Noticeably RWT reports less Medication Incidents that the rest of the cluster.

Reporting Culture

The Trust has well established systems for incident reporting. On average the Trust reports 785 patient safety incidents (35.1 incidents per 1000 bed days) to the NPSA per month. Broadly similar totals are reported to the NPSA by Trusts equivalent in size any make- up indicating a healthy reporting culture. Reporting of incidents and risk is also triangulated with other assessment indicators on safety culture such as the NHSLA Risk Management standards for which the Trust has been awarded level 3 for General practice.

Responding to Safety Alerts

Following the changes to the safety alert process during 2013/14 the Trust Policy has been reviewed and approved for implementation. The Trust launched the policy with a rolling implementation programme, the last quarter of 2014/15 has been spent preparing the alert module on Datix (the Trust electronic monitoring system) to enable full roll out of the policy. The aim is from the 1st of May the trust will use Datix for disseminating and managing all safety alerts received into the Trust enabling easier monitoring and reporting.

2015 will see the Trust implementing an improved monitoring system for safety alert actions to assure continual compliance.



The table below shows the Trust position with safety alerts at the 31st March 2015:

Safety Alert Status up to the end of March 2015

Alerts received (March)		YTD received (financial year)		YTD Closed		YTD Open		Open (YTD & Previous years still open)	
MDA's	7	MDA's	52	MDA's	51	MDA's	2	MDA's	2
EFN's	1	EFN's	53	EFN's	53	EFN's	0	EFN's	0
NHS/PSA	1	NHS/PSA	16	NHS/PSA	15	NHS/PSA	1	NHS/PSA	1
EFA	0	EFA	3	EFA	3	EFA	0	EFA	0
DH	0	DH	4	DH	2	DH	1	DH	1
Total	9	Total	128	Total	124	Total	4	Total	4

Overdue Alerts x NHS PSA	0
Overdue MDA alert	0

Number and Themes of Serious Incident

The Trust has a robust reporting mechanism communicated through policy, training and management lines. There remains timely reporting and completion of investigations. As at April 2015 there were no investigations overdue. In the financial year April 2014 to March 2015 the Trust has reported 87 serious incidents and 202 reportable incidents through the serious and reportable incident system (STEIS).

Accumulated Totals (Acute and Community SUIs - April 14 to March 15)	
Attempted Suicide of Inpatient	2
C.Diff	3
Confidential Leak	31
Critical Care Transfer	2
Delayed Diagnosis	8
Drug Error	3
Failure to Act Upon Test Results	3
Infection	8
MRSA	3
Sub Optimal Care	4
Surgical Error	4
Unexpected Admission to ITU	1
Unexpected Death	10
VTE	1
Ward Closures	2
Wrong Site Surgery	2
Totals	87
Pressure Ulcers	146
Slip/Trip/Fall	36
Maternity	20
Totals	202



Number and Themes of Never Events

There has been one reported Never Event reported in the financial year April 2014 to March 2015.

Date	Location	Category
Jul-14	Dental Services	Wrong tooth extracted

Clinical Effectiveness

Care Quality Commission (CQC) Registration

The Trust is required to be register with the Care Quality Commission in order to carry out regulated activity under the Health and Social Care Act 2008. The Trust is registered to deliver the following regulated activity and the CQC monitors compliance against the Essential Standards of Quality and Safety

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and/or screening services
- Family Planning services
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Nursing care
- Services for everyone
- Surgical procedures
- Termination of pregnancy
- Treatment of disease, disorder or injury
- Caring for children (0 - 18yrs)
- Caring for adults under 65 yrs
- Caring for adults over 65 yrs

CQC Intelligent Monitoring Report (replaces Quality Risk Profile)

(Our Internal Auditors undertook an assessment of the evidence we provide to the Care Quality Commission (CQC) – Reasonable Assurance was gained).

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care.

The current (at 31 March 2015) CQC risk profile for the Trust is Band 5 (1 being the highest risk level, and 6 the lowest on the CQC risk categorisation) and the Trust reviews and responds to the CQC Intelligence Monitoring reports issued quarterly along with its own internal assurance framework.

Sign up to Safety

The Sign up to Safety campaign was launched by the Secretary of State for Health in June 2014. Its intention is to get all hospitals working together to improve the safety of care and as a result save 6,000 lives making the NHS the safest healthcare system in the world. The Trust has made its pledge to join the campaign and has published its improvement plan on its website. Key actions include:



Improving the Sepsis pathway that further improves how we diagnose and treat patients with infections (sepsis) at an earlier stage in their illness:

- Reducing falls and falls with harm
- Reducing mis / delayed diagnoses
- Improving medicines management to reduce medication errors

National Health Service Litigation Authority

The NHSLA risk management scheme ceased in March 2014. At that point the Trust had level 3 for its General services which is the highest level and a score of 50 out of 50. During the course of the year the Trust was successful in gaining funding and support from the NHSLA to roll out a programme of Process Communication Model (PCM) within the organisation, with an aim to reduce complaints around communication and to improve team working.

Adopting National Institute for Clinical Excellence (NICE) Guidelines including Quality Standards

The Trust uses a process of gap analysis and action planning to review and implement compliance with all NICE guidance, including NICE quality standards. During the period between April 2014 and March 2015 NICE published the following guidance and the response by the Trust is shown below:

Type of Guidance	Compliant (fully implemented)	Partially Compliant	Not Implemented	Not Applicable	Assessment in Progress	Grand Total
Clinical Guidelines	5	8	0	1	6	20
Diagnostic Guidelines	4	0	0	1	0	5
Interventional Procedures Guidelines	6	0	6	16	5	33
Medical Technical Guidelines	0	0	3	2	2	7
NICE Guidance	0	1	0	0	6	7
Public Health Guidelines	0	1	0	4	0	5
Quality Standards	10	7	0	3	9	29
Safe Staffing Guidelines	0	1	0	0	0	1
Technical Appraisal Guidelines	19	4	0	5	2	30
Highly Specialised Technologies Evaluation	0	0	0	1	0	1
Grand Total	44	22	9	33	30	138

The Trust response to NICE guidance is review externally by The NICE Commissioning Assurance Group, chaired by a member of the Clinical Commissioning Group and attended by Trust Clinical NICE lead. There are also internally processes in place within the Trust to monitor NICE guidance implementation.

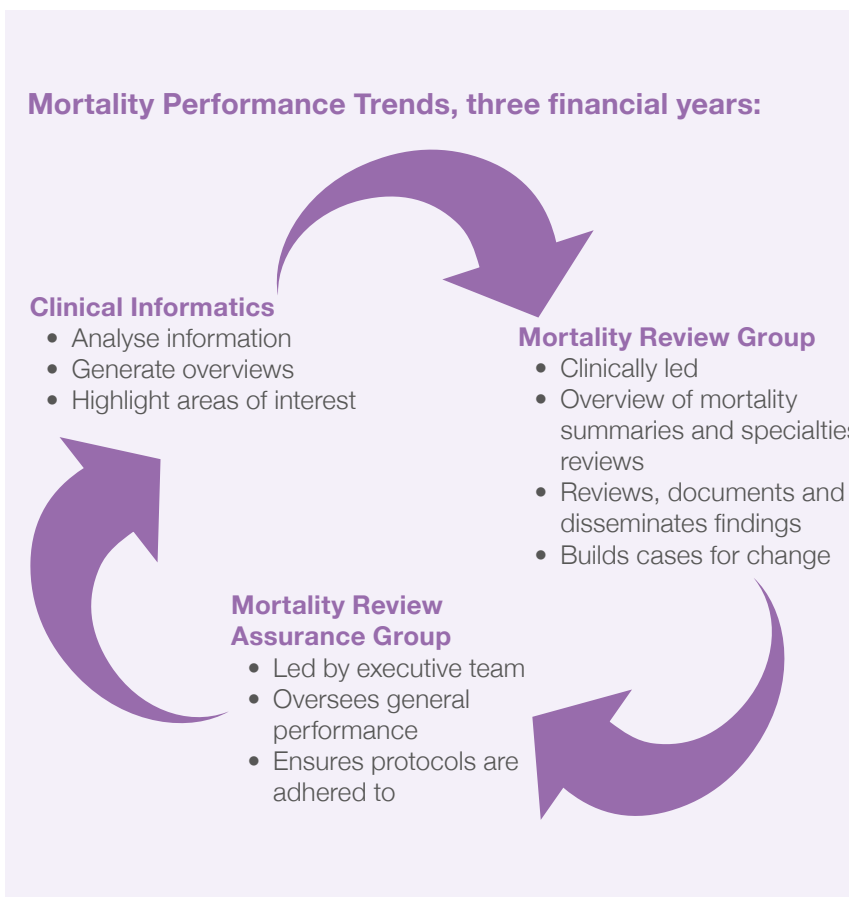
Decisions “not to implement” are based on a number of variables such as other clinically researched independent guidance which may contraindicate the full implementation.

Hospital Mortality

The Trust has a continuous improvement ethos in the field of hospital governance and aims to minimize in-hospital mortality. The Trust uses a variety of mortality monitoring measures including the Summary Hospital Level Mortality indicator (SHMI), the Hospital Standardized Mortality Ratio (HSMR) and standardized and crude mortality rates calculated by various Royal Medical Colleges for specific specialties. We work with a range of information intelligence agencies, to help us benchmark our performance. These include the Public Health Observatory and Healthcare Evaluation Data** (HED). Our results for 2014/15 are shown in the information section of this Report.

**The HED analytics system developed by the University Hospitals Birmingham NHS Foundation Trust is widely used across the West Midlands and nationally as a comprehensive tool for clinical outcomes as well as effectiveness

The Trust’s stance on mortality surveillance is one of “Total Vigilance” and includes looking at clinical processes and following evidence based improvement strategies from national bodies such as NCEPOD, NICE, Academy of Royal Medical Colleges and the Association of Public Health Observatories. The Trust’s threefold approach to monitoring mortality can be summarized as follows:



Future plans for Mortality:

1. All inpatient deaths will continue to be clinically reviewed by each directorate according to the Trust's Mortality Review policy and results reported through the Mortality Review Group
2. The Trust will continue to investigate all mortality alerts at a threshold lower than the CQC alert threshold
3. All procedural and diagnostic SMRs will continue to be monitored
4. Linkages between sub-optimal acute care elements and mortality will continue to be investigated. Current workstreams include
 - Suboptimal clinical observations
 - Healthcare Acquired Infections
 - Cardiac arrests
 - Medication errors
 - Deaths within 24 hours of hospital admission
5. End of Life Care analyses on whole system pathways incorporating community care, acute care, care establishments, social services and palliative care will be enhanced. High mortality CCS diagnostic groups such as Pneumonia, Acute Cerebrovascular Disease, Congestive Heart Failure and Renal Failure are already subject to continual meta and micro analyses
6. Collaborative links are established within the West Midlands and nationally to share best practice and continually improve governance practices

Supporting our Staff

The Workforce

With a workforce of more than 7,900 the Trust remains one of the largest employers in its local community. Details of our workforce profile are shown in Section 1: Annual Report

National Staff Survey Results

Details of our results from the last national staff survey are shown in Section 1: Annual Report

Equality and Diversity - Employment Action Plan

The Trust's commitment to equality and diversity influences services for our staff as well as our patients. Key actions are detailed below:

- Initial discussions have taken place aiming to set up an Equality and Diversity Steering Group. A scoping exercise has taken place to share other organisations' terms of reference and mission statements for their equality groups.
- A list of policies that may be used to address concerns, including those relating to Equality and Diversity, were published on the website.
- A range of training packages have been reviewed to include equality and diversity.

- Consideration was given into inviting local groups and staff networks to support awareness training around Personal Protected Characteristics (PPC's), however, due to time restraints this is currently not practical.
- Key documents such as Buying Better Outcomes: Mainstreaming equality considerations in procurement. A refreshed Equality Delivery System for the NHS and information around the Workforce Race Equality Standard have been circulated to key staff.
- A mandatory equality and diversity online training package will be developed.
- Work has commenced to publish the Trust's equality analysis register, which includes an overview of equality analysis that have been undertaken.
- Work is underway to gather and publish workforce equality information.

Educating our Staff

Management and Leadership

The Trust offers a comprehensive range of non-accredited and accredited internal Leadership Programmes across the academic spectrum. The wide-range of courses that are of offer are available to all staff regardless of band or job role.

Here at RWT, we have two Leadership Quality Gold Standard Programmes, (awarded by HEWM) - the Emotional Intelligence Programme and Process Communication (PCM). Both programmes are highly sought after, and very well received.

Process Communication provides a reliable and validated method of identifying and understanding personality structures, the impact of life events, and communication dynamics. Based on a scientific award-winning clinical discovery Process Communication has been researched through thirty years and experienced by more than a million people on five continents

It is widely established in healthcare organisations in America, Australasia and Europe – but brand new in the UK - and we are the first Trust in the NHS to introduce PCM training for staff.

Process Communication makes it easy to:

- simply observe and understand your own behaviour,
- understand the behaviour of others and know how to communicate with them effectively
- analyse distress, conflict and miscommunication and know how to find resolution and a return to effective communication.

At the heart of the leadership programmes, and their greatest degree of impact, is the focus on the behavioural skills of self-regard and regard for others – key factors in managing effective relationships.

Running alongside the leadership courses, the Trust offers Management Skills Workshops. These include Recruitment and Selection, KSF PDR and Difficult Conversations.



All new Consultant appointments are offered and encouraged to use this facility. Medical mentees can choose their own mentor through a dedicated webpage on KITE

Library Services

The Library Service has undergone a largely transitional period as it continues to move its resources from a print basis to online access. Via an agreement with partner libraries (BASE Consortium) the service entered into an agreement with Blackwells Publishing Group to supply both print and e-books. This resulted in the acquisition of 58 e-books that cover nursing, management and undergraduate and postgraduate medical study. Book loans from the service declined by 10% in 2014/15, however the e-book collection saw initial slow usage increase as the year wore on. Readers are also able to download or read any e-book from the extensive 4,000 item catalogue as part of the "Demand Driven Acquisition" Service that puts the user in charge of service acquisitions.

The Service also introduced a new Document Supply Ordering Service known as BASEdoc, whereby the user can place requests for research papers remotely and monitor progress of the request. This replaces any requirement for paper or signature and has allowed for significant productivity improvements in supplying research papers from stock and also via the library's extensive external supplier network. This was enhanced in January 2015 as a subscription commenced with NULJ (National Union List of Journals) which is managed by Glenfield Hospital Library in Leicester. In total 335 requests were placed and 319 supplied within the standard 5 working days which equated to 95%. An enhancement to the BASEdoc system in February 2015 saw the introduction of a literature searching facility that allows users to submit information requests via the same online module. In 2014/2015 a total of 57 formal literature requests were placed and with the exception of a detailed search on elderly assessment units all were supplied within the three day standard.

Personal Development

The Education and Training team offer an extremely wide range of psychometric tools to support Leadership and Management development, Individual development, Team development, and intervention strategies. Tools such as those below are available to staff:

- Myers Briggs
- TMP
- SDI
- 16PF
- StrengthScope
- Belbin Team Role
- Healthcare Leadership Model 360 Feedback

Coaching and Mentoring Support

To support change and enhance personal development, the Education & Training Department, in partnership with HEWM, have linked into the regional HEWM Coaching and Mentoring Databases, as well as developing our own list of experience coaches for specific subjects. The HEWM databases allow our staff access to coaches and mentors across the region, as well as encouraging staff to become coaches and mentors.

A number of Consultants have been trained as Medical Mentors, in order to support newly appointed Consultants within the Trust.

Usage of the online suite of knowledge resources continued to grow by an additional 28% with the National Core Content Journals and Healthcare Databases, and the small collection of online journals available via Science Direct proving the most popular. The number of registered Athens users was 1,137 in March 2015 compared to 1,030 in March 2014. Although the rise was welcome, there is a need to ensure all clinical staff have a registered account so that they can access important resources such as point of care tools and the Royal Marsden Manual of Clinical Nursing Procedures.

The Library environment was enhanced via the installation of a new purpose built enquiry counter in July 2014. This has been widely welcomed by library staff and users and with high and low level sections meets the requirements of special needs access. An improved self-service photocopier was installed in September 2015 and has allowed high quality documents to be scanned, e-mailed and printed.

With the transfer of management of Cannock Chase Hospital to the Trust in late 2014 control of the small library facility passed to the Library Service in November. A significant amount of work in upgrading the facility and stock has been undertaken. This includes the installation of the Windows 7 operating system on the 6 PCs in the library, together with a new printer and scanner. The stock has received investment of £1,500 to support services based at Cannock Chase Hospital. As the facility is also suitable as a training room a new projector and screen will be installed.

An annual quality self-assessment against nationally agreed standard is undertaken and supplied to Health Education West Midlands. The self-assessment recorded a 92% compliance rate

and this was verified in March 2015. An action plan against the standards that are not fully compliant has been drawn up with the aim of achieving a mark of 95% compliance in August 2015.

Clinical Skills & Resuscitation Training

The Department has had a very challenging year responding to the demands of the Trust and its staff. All aspects of the service have been delivered to a high standard whilst adopting a holistic and welcoming approach. Underpinned by a strong curriculum, the department delivers local, regional and national training opportunities. This year has seen the cementing of relationships with regional partners in the fields of Simulation and Human Factors. These relationships are key to the development of the service and its standing within the Trust. We have been successful in setting up a Trust Human Factors Group and in delivering a Human Factors training day for Trust staff. Resuscitation and National Courses remain at the centre of departmental activity and will remain so. Undergraduate Clinical Skills have continued to be delivered to a high standard to an ever increasing number of changes to the curriculum and student numbers. Our response to Trust requirements and those of Healthcare Reforms and reports has been positive and effective and will continue to be so. We look forward to new challenges and feel ready to yet again advance the excellence in education this department provides.

Resuscitation Training

To support the Trust vision the department offers a comprehensive Resuscitation Service. More than just mandatory training is provided; our ethos is such that we aim to provide staff with the most appropriate skills for treating those patients who suffer a cardiac arrest. In both adult and paediatric sessions, staff are orientated to current practice and techniques applying particular attention to prevention rather than cure. We also have responsibility for the production and maintenance of policies relating to resuscitation, ensuring that once again current guidelines and recommendations are adhered to.

Procedural Skills

It is well recognised that a highly trained workforce will deliver a high standard of practice. We therefore offer a wide variety of procedural skills sessions right across the professional spectrum, from cannulation and catheterisation to central line insertion and ultra sound guided chest drain insertion. All sessions are made available to the appropriate group of professionals therefore not having an inappropriate waste of training places. All sessions have recommended competency documents to ensure that all practice is evidenced.

National Courses

We offer a wide variety of nationally available courses from the Royal College of Surgeons (Eng.) and The Resuscitation Council (UK) amongst others. Courses in Trauma, Surgery, Managing critically ill patients, Paediatrics and Neonates are run in our centre. Candidates come from national and international centres, many of whom visit the centre on multiple occasions. Each course requires a faculty and we ensure that our faculties are of the highest standard and have a passion for education.

Undergraduate Clinical Skills

We are very proud to have one of the most comprehensive Under Graduate Clinical Skills Programmes available. From 3rd year to 5th year we ensure that all students have access to their mandatory training sessions, extended sessions and those requested by the students to fill any shortfall in their skills practicum. We see a constant stream of students through our centre. Each student is treated as an individual with individual needs, allowing each student to have a tailored programme.

Simulation

SimWard is situated in the Wolverhampton Medical Institute, within New Cross Hospital. Our aim was to recreate a clinical setting within an educational environment aimed at training the staff of Wolverhampton to treat the people of Wolverhampton.



Recognising that simulation was rapidly becoming an effective training tool, the Trust and its Charity partners gave its financial and organisational backing for the delivery of a simulation centre. That support led to the creation of SimWard. In 2014/15 SimWard delivered over 700 places for Immersive Simulation.

Undergraduate Education

RWT is an official teaching Trust of the University of Birmingham and supports 3rd, 4th and 5th year medical students who undertake 5, 15 and 18 week placements depending on their year of study. The students undertake their training in the majority of general medicine and general surgical specialties. During one academic year at any one time we have approximately 120 students working around the Trust.

The Undergraduate Education Faculty

The UG Faculty consists of a Head of Academy and an Associate Head of Academy with support from an UG Coordinator and UG Administrator. The faculty is also supported by Senior Academy Tutors and Specialty Leads and 5 Education Fellows, (two in Medicine, one in Cardiology, one in Surgery and one in Obstetrics & Gynaecology).

Development of Educational Methods

The Trust has developed a 3-bedded SimWard which is used extensively with very positive feedback from medical students. Students thoroughly enjoy their experience on the SimWard where various medical and surgical scenarios are simulated. In addition eight Associate Clinical Teaching Fellows meet a firm of 3rd or 5th year medical students on a weekly basis. The Directorate of Urology have now completed their e-learning packages and should be rolled out very soon. Other teaching specialties have also expressed an interest in e-learning packages and now in the process of development.

Quality Assurance and Feedback

An UG Forum has been developed which convenes at 2 monthly intervals. All medical students are invited and this provides the opportunity for them to discuss any issues that may have arisen regarding educational opportunities, supervision issues and any patient safety concerns they may have. Both internal and externally generated feedback is quality assured and then disseminated to Clinical Directors and Specialty Leads. The information is also entered onto an Educational Dashboard where KPI's have been developed and this information is then RAG rated. This enables us to monitor quality assurance issues.

All feedback received both internal and university-generated always remarks on the enthusiasm, friendliness and approachability of all staff within the trust

Undergraduate Budget Planning

The SIFT budget is now a tariff based system and SIFT monies are allocated to all teaching specialties according to the number of students and amount of teaching they deliver.

The tariff system of SIFT will allow new educational developments, particularly the expansion of Educational Fellow posts. We are developing the process of linking SIFT allocation and the delivery of quality teaching.

Postgraduate Medical Education

RWT has a thriving Postgraduate Medical faculty of educators. The Postgraduate Medical Education Committee comprises of 29

consultants from all specialties and sub-specialties with an active interest in postgraduate medical education.

They champion the requirement to deliver service specific and curriculum based medical education to a very high standard throughout the Trust.

In addition there are 18 consultants who have been appointed to the Foundation Faculty of Educational Supervisors for Foundation Doctors. The group is led by the Clinical Tutor for Foundation. The group meets twice per placement (4 month period) to discuss current issues and sharing good practice and to partake in calibration exercises to ensure equitable scoring. In addition,

During the last 12 months the following has been achieved:

- Foundation Drs have received over 200 hours of teaching including small group consultant led simulation teaching, which is delivered in the purpose built Simulation Facility
- 23 Foundation Drs successfully completed the Basic Surgical Skills Course.
- 100 Foundation Drs received two 40 minute interviews at interim and final validation which contributed to the success of the foundation doctors achieving sign off at the end of the academic year.
- Junior Doctors Forum is held bi-monthly in all specialties; a Trust-Wide forum takes place twice per annum with attendance from Chief Executive, Medical Director, Clinical & College Tutors and representatives from the Postgraduate Medical Education Team.
- Core Specialty Training: Over 190 hours of protected teaching was delivered to both core medical and core surgical trainees.
- Grand Round: There have 34 Grand Round presentations during the last 12 months; topics covered have included a presentation on Eczema to treating Ebola.

GMC Trainee Survey 2014

The Trust received good scores in the annual GMC trainee survey. Trainees continue to rate RWT very highly in terms of overall satisfaction (we achieved 5th highest scores out of 15 acute Trusts throughout the West Midlands). Over the years the Trust has demonstrated a high standard of both clinical and educational supervision to our doctors in training, this year was no exception and we had the highest results amongst acute Trusts in the West Midlands for these domains.

In-Service Training Activity -2014

Course	RWT Staff requiring training	RWT Staff completed training
Basic Life Support 3	2885	2457 (85%)
Basic Life Support 2	1093	898 (82%)
Paediatric Basic Life Support	294	217 (74%)
New-born Basic Life Support	238	222 (93%)



National Course Training Activity- 2014

Course	Number of places provided for RWT staff	Number of places accessed by RWT staff
ILS	195	173 (89%)
ALS	144	95 (66%)
PLS	54	43 (80%)
NLS	72	31 (43%)

Work Experience

Between April 2014 and March 2015 the Work Experience team have worked with departmental managers across RWT, organisations outside RWT and individual schools/colleges within the West Midlands to offer as many work experience opportunities, on different schemes, to people of all ages.

In total the Work Experience Team have organised **410** work experience opportunities with RWT staff and organised the first Careers in Medicine Day for **58** delegates.

At Healthtec school students under 16 years of age in full time education are able to attend bespoke sessions or a full week work experience programme. All sessions complement the Health and Social Care curriculum and are linked to current NHS agendas and guidelines. The aim is to enhance their personal development and to give them practical hands on experience of life in the NHS.

193 young people aged 14 years upwards have been offered work experience or training as below:	
106	Completed the one week work experience programme
60	Attended bespoke programmes e.g. Casualty 999; Forensics; First Aid
11	Wolverhampton Annual City Conference Season Working Well Week – tour and presentations of departments.
16	NEET students attended healthy lifestyle sessions with a private training company
2500+	Career Events at Highfields; Moreton; St.Peters (RAF Cosford) and City of Wolverhampton College Careers Fayre at the Racecourse

Observational only work experience was completed by 171 people aged 16+, in order to support their application for university or college or enhance their personal development and promote diverse career aspirations. 134 of these were participants aged between 16 and 18 years. Please see the table below for information regarding departments involved.

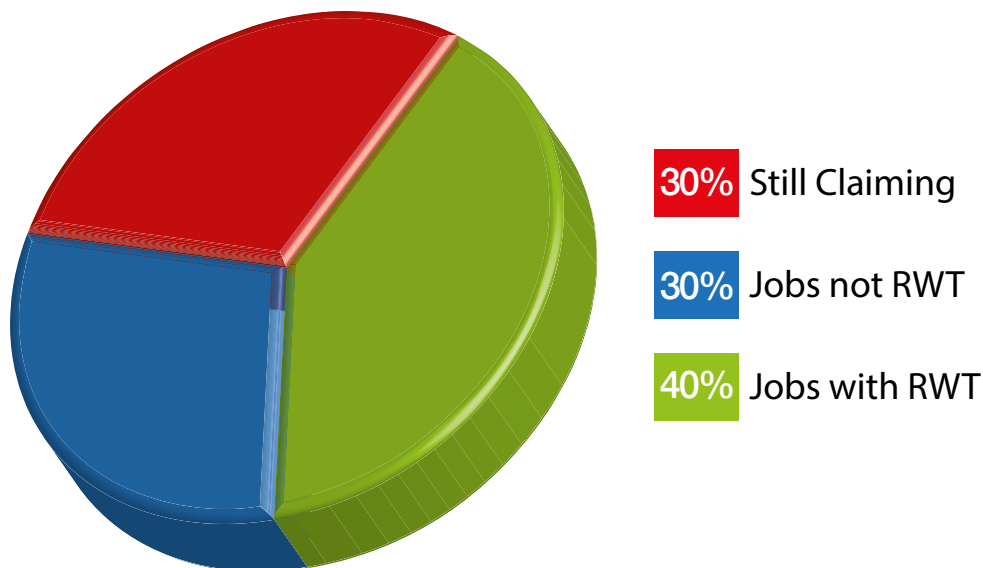
Work experience in departments	Number
Medicine	82
Nursing	12
Midwifery / Gynaecology	15
Dental	16
Laboratories	7
Non-clinical (e.g. Administration, Medical Illustration)	9
Therapy Services (Physiotherapy, Occupational Therapy, SALT)	14
Radiology/Radiography	5
Ophthalmology / Orthoptics / Optometry	7
Medical Physics & Clinical Engineering	3
Podiatry	1

The Work Experience Team were aware that the Trust received an excessive amount of applications for Medicine experience which were extremely difficult to accommodate due to the team's capacity and the availability and workload of the Medics themselves. To try to accommodate some of the unsuccessful Medicine applications, the Work Experience Team organised a 'Careers in Medicine' day. A programme for the event was agreed with the co-operation and commitment of several session leads from within RWT as well as the Director of Admissions from Keele University.

58 delegates and 5 teachers attended the day which received very positive feedback. Requests for the event to run at least annually and the current demand for Work Experience in Medicine received by the WEX team at RWT supports the continued need for such events both in Medicine and in other clinical specialities too.

As RWT is one of the largest employers within Wolverhampton, the Trust committed to offering 6 to 8 week work experience opportunities to 10 unemployed people aged 18 to 24 years on the Get Britain Working programme.

The table below illustrates their outcomes following the programme.



Due to disbandment of the Jobcentre Plus Work Experience team and the potential effect this would have on future Get Britain Working programmes the Prince's Trust Get Into Healthcare programme was investigated. With several advantages identified the decision was made for RWT to host a 'Get Into Healthcare' programme as a trial between July and August 2014, offering a four week timetable of training and work experience to unemployed people aged 18 to 25 years in partnership with the Prince's Trust.

21 work experience opportunities have been completed on the Get Into programme with 11 now in a positive outcome including employment at RWT.

Work Based Learning

Work Based Learning provides qualifications and development for support staff bands 1-4 across the Trust including: Quality & Credit Framework [QCF] qualifications, Adult Apprenticeships, Foundation Degrees, Development Programmes and Personal Development Support. The following table demonstrates the number of vocational based qualifications/training accessed by RWT staff during 2014

Courses	Apprenticeships	QCF/In-house programmes	Foundation Degrees
Business & Administration	21		
Medical Administration	4		
Customer Service	6		
Customer Service Training		40	
Foundation Degrees			5
Health & Social Care	13		
Laboratories	3		
Plumbing	3		
Individual QCF Units		10	
Receptionist Development Programmes		37	
Ward Assistant Development Programmes		21	
Functional Skills Literacy & Numeracy		14	
Totals	50	122	5
Grand Total	177 support staff accessed learning		



Adult Apprenticeships

Adult apprenticeships are competence based providing employed staff with underpinning knowledge that supports daily duties along with Functional Skills in Literacy & Numeracy at the appropriate level. This ensures staff are developed appropriately and fit for purpose, supports patient safety thus enhancing the service user experience, providing the potential for staff to undertake new/enhanced roles and modernising pathways.

Individual Quality & Credit Framework (QCF) Units

The purpose of individual unit accreditation is to guide and assess the development of knowledge and skills. The accreditation confirms competence in a range of support service skills, further enhancing development for staff who has achieved a level 3 QCF qualification, and where roles/responsibilities have since developed.

Functional Skills Literacy & Numeracy

Functional Skills are the fundamental applied skills in English and Mathematics that support people in gaining the most from life, learning and work whilst increasing their confidence and motivation and are suitable for people of all ages.

Functional Skills qualifications are available at Entry Levels 1, 2 and 3, through to Level 1 and Level 2, and undertaken entirely within the workplace. Assessments establish a practical ability to apply English and Mathematics to everyday situations.

Foundation Degrees

In 2014 5 Trust employees embarked on their foundation degrees - 1 Business student and 4 Radiology students.

Foundation Degrees are a combination of work-based learning and academic study providing learners with the knowledge and skills required to support their individual work roles thus benefiting service users.

This qualification further enhances the Adult Apprenticeship and often provides the potential for staff to undertake new/enhanced roles e.g. Assistant Practitioners.

Receptionist Development Programmes

Work Based Learning delivers this programme providing training and support for receptionists across the Trust covering specific topics e.g. Customer Service, Security Awareness, Effective Communication, Telephone Skills, Confidentiality, Complaints, Health Records, Managers Expectations and Dementia Awareness.

Ward Assistant Development Programmes

Work Based Learning delivers this one day programme providing training and support for Ward Assistant/Housekeepers across the Trust covering specific topics e.g. Managers Expectations of the Ward Assistant/Housekeeper, Dementia Awareness, Customer Service, Security Awareness and development information

Revalidation

Appraisal Compliance

The Trust's medical appraisal compliance at 31 March 2015 was: 97.9%

STAFF GROUP	Total number of medical staff to be appraised	Number % of medical staff currently appraised	
Medical Consultants	314	308	98.3%
Other Medical	107	104	95.7%
TRUST TOTAL	421	412	97.9%

Revalidation Recommendations

During the period 2014/15, 120 doctors with prescribed connections to RWT were due to be revalidated. The Responsible Officer, made positive recommendations for 113 of these doctors and 7 deferrals (for their revalidation to be completed within the next 12 months).

How we selected our 2015/16 Priorities

We believe these priorities to be highly relevant for the coming year as they reflect so much of the services we provide and they will remain as our driving focus in the year ahead. We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. Throughout this report we have also described the work we are proposing for the coming year as we fully integrate the services at Cannock Chase Hospital - much of this work falls within the three priorities. The priorities were determined a couple of years ago as a result of discussion with those who use our services and local people. We have developed a programme of work for the coming year which also reflects comments we have received from patients and their carers through direct feedback and in survey results, discussions we have with our commissioners and key stakeholders about what services should look like in the future and what our staff tell us about the services they provide for patients. These three priorities, each with a Director sponsor, are detailed below:

Priority	Director Lead / Co-Sponsor
1. Urgent Care	Medical Director/ Director of Planning & Contracting
2. Care of Older People	Chief Nursing Officer / Chief Financial Officer
3. End of Life Care	Chief Operating Officer / Director of Human Resources

Each of the priorities are supported by various projects and schemes that underpin the objectives and principles outlined in the strategies that have, or are being developed, to support each priority. A thread running through everything we do is our priority around Patient Safety – this has been a primary focus for several years and will continue to be pivotal in what we do.

Working with our shadow Governors and Members

We have had a good year working with our shadow governors many of whom are involved in Trust groups and committees. During 2015/16 we will be launching a more focused programme of activities for members as we work towards greater integration and involvement with those people from Cannock and Staffordshire areas who are now using our services.

To achieve our vision we need to continue to develop a strong membership comprised of patients and public, staff and stakeholders who will work with us to develop our services. We want our membership to be truly representative of the vibrant multicultural and diverse community that we are part of and to whom we are accountable for the provision of healthcare.

We are not proposing to limit the number of people who can register to become a Member as we want to encourage a broad, diverse and representative membership base. The Trust has a duty to take measures to ensure that our public membership reflects the diversity of our communities and the wider population that we serve in terms of geography, age, gender, ethnicity, faith, sexual orientation and socio – economic groups.

We recognise that we do not have easy access to a significant number of our patients and local people therefore have put measures in place to target under-represented, and “hard to reach” groups, including those who do not understand written or spoken English, those who feel culturally isolated or those who live with long term conditions.

Statement of Directors Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012)).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust’s performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



David Loughton, CBE

Chief Executive

29th June 2015



Jeremy Vanes

Chairman

29th June 2015

Acknowledgements

We would like to thank all of the patients, community representatives for their feedback and members of staff who gave their time to help us select our priorities and ensure that the document is clear and accessible

Glossary

For those readers who are not familiar with some of the terminology used in this document, the table below offers some explanation of abbreviations that have been used:

A&E	Accident and Emergency Department	MSSA	Methicillin Sensitive Staphylococcus Aureus
ACPs	Advanced Clinical Practitioners	MUST	Malnutrition Universal Screening Tool
CCS	Clinical Classification System	NCDHAH	National Care of the Dying Audit – Hospitals
C-Diff	Clostridium Difficile	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
CICT	Community Intermediate Care Team	NCI/NCISH	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.
CQC	Care Quality Commission	NHS	National Health Service
CQUIN	Commissioning for Quality and Innovation	NHSLA	NHS Litigation Authority
CMACH	Confidential Enquiry into Maternal and Child Health	NICE	National Institute of Clinical Excellence
CNO	Chief Nursing Officer	NIHR	National Institute for Health Research
DNA	Did Not Attend	NPSA	National Patient Safety Agency
DRHABs	Device related hospital acquired bacteraemia (blood infections)	NRLS	National Reporting and Learning Service
EAU	Emergency Assessment Unit	NSSC	Nutrition Support Steering Committee
ED	Emergency Department	ONS	Office for National Statistics
ENT	Ear, Nose & Throat	OSC	Overview & Scrutiny Committee
EOLC	End of Life Care	OWL	Outpatient Waiting List
GP	General Practitioner	PALS	Patient Advice & Liaison Service
GMCRRN	Greater Midlands Cancer Research Network	PEAT	Patient Environment Action Team
HCA's	Health Care Assistants	PHSO	Parliamentary and Health Services Ombudsman
HRG	Healthcare Resource Group	PSIs	Patient Safety Incidents
HSMR	Hospital Standardised Mortality Ratio	PCT	Primary Care Trust
IHI	Institute for Healthcare Improvement	RRR	Rapid Response Report
IT	Information Technology	RWT	The Royal Wolverhampton NHS Trust
KITE	Knowledge, Information, Training and Education	SHA	Strategic Health Authority
KPI	Key Performance Indicator	SHMI	Summary Hospital Level Mortality
KSF	Knowledge and Skills Framework	UTI	Urinary Tract Infection
LCP	Liverpool Care Pathway	VTE	Venous Thrombo-embolism
LINK	Local Involvement Network	WHO	World Health Organisation
MLU	Midwifery Led Unit	WMNCLRN	West Midlands (North) Comprehensive Local Research Network
MRSA	Methicillin Resistant Staphylococcus Aureus	WMQRS	West Midlands Quality Review Service

Statements from our partners:

Cannock Chase District Council – Annual Quality Accounts 2014/15

Thank you for your invitation to review and comment on your 2014/15 Quality Account.

Our Health Scrutiny Committee met on the 10th of June and discussed the document.

Members had no adverse comments on the document and felt that it was generally positive. There was a consensus that the presentation of the document could be better. Parts of it were not easy to interpret, in particular some of the graphs and tables could be clearer.

The committee would welcome the opportunity to discuss progress on the identified improvements with representatives of the Trust later in the year.



Councillor Brian Gamble
Health Scrutiny Committee Chair
17.06.15

Healthwatch Wolverhampton

Thanks for providing us the opportunity to comment on the above document and allowing us an extension in doing so. The overarching statement that we would make in respect to the report is as follows: -

‘Healthwatch Wolverhampton welcomes the production of the quality accounts by the Trust and, whilst we endorse its attempt to set out quality priorities and performance against these priorities, we would wish to have greater involvement in its production. In particular, to participate in any review process so as to measure progress against quality account priorities across the year and to be able to influence the quality priorities for the coming year’.

The attached document provides a more detailed analysis and comment from Healthwatch including Board members. You will see that a number of themes run throughout our response, which are as follows: -

- Lack of explanation in respect to a number data sets.
- In a number of cases no comparative data is available
- Provision of indicators in order to assess performance in certain areas
- The level of engagement with stakeholders including patients in the production of the report.

We would be willing to discuss with you further how Healthwatch can be involved in the future production of the report along with our response.

Best regards

Yours sincerely



Donald McIntosh

Chief Officer

26th June 2015

Note: the Trust acknowledges the points made by Healthwatch and will engage with them during the next few months.

Wolverhampton Health Scrutiny Panel

Wolverhampton City Council Health Scrutiny Panel response to Royal Wolverhampton NHS Trust Quality Accounts 2014/15

The Health Scrutiny Panel has considered specific reports from the Royal Wolverhampton NHS Trust throughout the year, and the themes from these reports have been reflected in this year's Quality Accounts. The panel have received reports from the Trust on the following subjects:

- Provision of elective services at Cannock Chase Hospital – commencement of public consultation
- Patient Experience and Family Test
- Provision of planned care services at Cannock Hospital – public consultation interim report
- CQC Inspection Plan update
- Francis Inquiry Report update

The hospital has responded promptly to requests for information and has attended meetings to respond to emerging issues of public concern, such as the transfer of services to Cannock Chase Hospital. The panel has been satisfied by the reliability of information provided and note that attending officers have been open about the challenges facing the service and have responded positively to comments from the panel. The Royal Wolverhampton NHS Trust has also made efforts to clarify more complicated areas such as the provision of elective services at Cannock. Following a panel recommendation, the Trust arranged to provide quarterly briefings to the Health Scrutiny Chair (and panel) about the transfer of services to Cannock Chase plus any planned changes on the RWT's New Cross site, which are co-ordinated by Sultan Mahmud and Kate Brady.

At the end of 2014 the panel also liaised with the Royal Wolverhampton NHS Trust to arrange a site visit to Cannock and New Cross to gain first-hand experience of the issues of facing patients. This helped provide Councillors with an informed view of the changes at the sites, which allowed them to report back to their constituents the changes reported in documentation. The panel welcomes these improved lines of communication between the two organisations and would like to continue similar arrangements and arrange further site visits in future.

The Health Scrutiny Panel has continued to monitor the recommendations made by the Francis Inquiry Report and was encouraged by the progress made by the Trust implementing many of these requirements. The panel will continue to monitor through its work programme outstanding recommendations and other developments.

The Health Scrutiny Panel will also continue to review progress of the following:

- Cannock Chase Hospital
- The Royal Wolverhampton NHS Trust – End of Life Strategy
- Outcome of Care Quality Commission inspection from 1 June 2015
- Care of the elderly
- Emergency care provision

At the panel meeting held on 15 June 2015 the panel raised the following issues about the draft Quality Accounts report:

- The support the Royal Wolverhampton NHS Trust will give to parity of esteem for mental health, and what actions it will take to ensure robust partnerships between health and social care.
- The accuracy of information collected from patient feedback to produce data that is most reflective of patient experience as a whole. The panel would like to know how the Trust plans to broaden its uptake of patient (and staff) feedback.
- The national issue of nursing numbers, retention and training. In particular the panel will be interested to track progress in this area to monitor whether the Trust is meeting its targets. It will also consider how staff from overseas are adjusting to work in Wolverhampton and their acquisition of medical terminology in a second language.

The Chair also made the following additional comments about the draft Quality Accounts report:

Following the CQC inspection of the Royal Wolverhampton NHS Trust on 1st June 2015, Health Scrutiny Panel will be eager to relate the findings of the CQC to the Trust's Quality Account and its three major priorities for the year. We look forward to engaging with partners at the CQC's Quality Summit event to ensure that quality of care is being scrutinised effectively to help support the Trust in providing the best possible outcomes for its patients and service users.

This year I personally would like to focus on measurable outcomes when considering patient care. I will therefore be interested to monitor compliment and complaint data outlined in the Quality Account document to assess the Trust's progress in the field of patient and staff experience. Similarly, I would also like to compare staff data relating to new nurses and their performance in order to monitor how the Trust is maintaining standards and investing in the future. Finally, I will also pay close attention to infection prevention standards as I see this as an area of significance.

I have found the Quality Account report to be generally accessible and would encourage greater use of infographics and visual performance indicators. Outlining three clear priorities has been beneficial when considering the report; however, I would stress that these priorities should not overshadow other areas of care and treatment in the future.

I hope that the Royal Wolverhampton NHS Trust and Health Scrutiny Panel will continue to foster an open and transparent working relationship for the future.

Cllr Milkinder Jaspal

Chair Health Scrutiny Panel

24th June 2015

Wolverhampton CCG

Wolverhampton CCG- Annual Quality Accounts 2014/15: Commissioners Statement

As lead commissioner Wolverhampton Clinical Commissioning Group (CCG) welcomes the opportunity to provide this statement for The Royal Wolverhampton Trust quality account for 2014/2015

Wolverhampton Clinical Commissioning Group is committed to ensuring that the services it commissions provide the very highest standards in respect of clinical quality patient safety, patient experience and clinical effectiveness. During the year we have maintained and made stronger our working relationship with colleagues from the Trust in order to monitor service delivery and review performance throughout the year. During the year we have reviewed information, held monthly clinical quality review meetings and have carried out a number of visits to clinical areas to gain assurance around the standards of care being provided. We have also provided challenge and scrutiny when performance has not met the expected standards.

Background

In the Quality Accounts for 2014/15 the Trust has demonstrated its passion and determination to continually improve the quality of care it delivers across a much bigger footprint of Wolverhampton and Staffordshire, following the transfer of Cannock Chase Hospital and other services and assets from Mid Staffordshire Foundation Trust. A joint consultation process about the transfer of some planned services from Wolverhampton to Cannock was held in year and the entire project has been and continues to be managed with the utmost priority to ensure safe transfer of services for all patients in Wolverhampton and Staffordshire.

While reviewing the quality account we were pleased to note many of the specific areas that the Trust has addressed during 2014/2015 to improve its services and the quality of care that it provides. We also noted the governance arrangements and are assured that the Trust Board receives regular quality reports to allow the board to be fully sighted on emerging concerns regarding clinical quality.

In 2014/15 the Trusts vision and priorities were aligned with some of the CCGs top priorities namely urgent care, older people and end of life care and the Trust has addressed key areas to impact on the priorities:

- safe staffing levels in clinical areas
- effective complaints handling and patient engagement
- continued focus on infection prevention
- better support for patients/carers in the end of life phase and beyond
- reducing variation in clinical outcomes and mortality
- increasing the use of clinical audit and learning from events
- continued improvement of the patient and staff environment.

Urgent Care

During the year as evidenced in the quality account the urgent care system has provided many challenges. Demand has risen and performance has reduced in nearly every area. We welcome the development and preparation for the new urgent care centre due to be opened in 2015/16 which will form part of the development of the agreed wider Urgent and Emergency Care Strategy for Wolverhampton and which should enhance the quality of service provision.

Care of the Older Person

The work on older people is well reported in the quality account and the CCG continue to support this. We know that many of our residents who need to use the hospital services are frail and

elderly and the improved awareness of dementia across the whole trust is to be welcomed alongside the on-going work to reduce falls, pressure ulcers and health care acquired infections.

End of Life Care

Considerable progress has been made with bereavement services and this is an area of continued development. We all need this to be a time of compassion and support and we welcome the Trusts passion that improves this part of the patient journey.

Workforce transparency and openness research

As one of the largest employers in the local community with more than 7900 staff, one of the key objectives of the Trust is continued workforce development with good education and training for pre and post graduate education. We note the detailing on the equality and diversity employment action plan and endorse this alongside the large programme of staff development.

Research

We note that clinical research continues to be important to the Trust and in particular, that the approach to research and development has been enhanced by the Trust becoming host to the West Midlands Local Clinical Research Networking. This, along with the close working with the University of Wolverhampton, is welcomed as it creates a learning environment and enables Wolverhampton to attract high calibre clinical staff.

National Reports and Enquiries

Whilst not specifically mentioned in the Quality Account, the CCG is aware that the Trust has embedded recommendations from key national reports and inquiries such as Winterbourne, Berwick, Francis, Clwyd Hart and Kirkup leading to a more open reporting culture and improved patient safety.

On-going Monitoring

Going into 2015/16 the CCG will continue to work with the Trust to seek further improvements in all areas of clinical quality including falls, pressure ulcers, healthcare acquired infection, safe discharge and progress towards the implementation of seven day services. Through monitoring meetings, quality visits and findings of other stakeholders, including those undertaking peer reviews and considering findings from national clinical audits, information and feedback received from patients and public. We will continue to seek the assurance that we require about the safety, experience and effectiveness of the services that our patients are accessing.

Summary

The quality account is comprehensive and welcomed. There are notable areas of success as well as areas that continue to require focus and improvement. As the major changes involved in the Trust taking over in management of Cannock Chase Hospital and other services from Mid Staffordshire Foundation Trust become embedded, we look forward to working with the Trust to ensure continuous quality improvement.



Yours sincerely

Dr Helen Hibbs

Chief Officer

Wolverhampton Clinical Commissioning Group

17.06.2015

Independent Auditors' Limited Assurance Report to the Directors of The Royal Wolverhampton NHS Trust on the Annual Quality Account

We have been engaged by the Board of Directors of The Royal Wolverhampton NHS Trust to perform an independent assurance engagement in respect of The Royal Wolverhampton NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and specified performance indicators contained therein.

In accordance with section 8 of the Health Act 2009 ("the Health Act") and the National Health Service (Quality Accounts) Regulations 2010 and subsequent amendments thereto (the "Regulations"), the Trust is required to prepare a Quality Account annually.

NHS Quality Accounts Auditor Guidance 2014/15 (the "Auditor Guidance"), published in March 2015 by NHS England, sets out the requirements for our limited assurance work, including the choice of indicators.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance (the "specified indicators"); marked with the symbol **(A)** in the Quality Account, consist of the following indicators as mandated by NHS England:

Specified Indicators	Specified indicators criteria (exact page number where criteria can be found)
Rate of C.difficile infections	Page 80
Percentage of patients risk assessed for venous thromboembolism (VTE)	Page 79 to 80

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account has not been prepared in line with the requirements set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in Auditor Guidance, issued by NHS England in March 2015 and specified below;
- the specified indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account have not been prepared in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Auditor Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the financial year, April 2014 and up to the date of signing this limited assurance report (the period);
- papers relating to the Quality Account reported to the Board over the period April 2014 to the date of signing this limited assurance report;
- feedback from Commissioners, Wolverhampton Clinical Commissioning Group dated 17 June 2015;
- feedback from Overview and Scrutiny Committees, Cannock Chase District Council Health Scrutiny Committee dated 17 June 2015 and Wolverhampton Health Scrutiny Panel dated 24 June 2015;
- feedback from Local Healthwatch organisations, Healthwatch Wolverhampton dated 25 June 2015;
- the Trust's quarterly Complaints and Patients Experience report submission to the Trust Board for quarter 4 dated 1 June 2015 as the Trust has not yet published the 2014/15 complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the latest national patient survey "Care Quality Commission National NHS patient survey programme Inpatient Survey 2014" dated 2014;
- the latest national staff survey "2014 National NHS Staff Survey Results from The Royal Wolverhampton NHS Trust" dated 2014;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 22 April 2015;
- the annual governance statement dated 4 June 2015; and
- the Care Quality Commission Intelligent Monitoring Reports dated December 2014 and May 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of The Royal Wolverhampton NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and The Royal Wolverhampton NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (“ICAEW”) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’) and the Auditor Guidance. Our limited assurance procedures included:

- reviewing the content of the Quality Account against the requirements of the Regulations;
- reviewing the Quality Account for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the management in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by The Royal Wolverhampton NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Account subject to limited assurance have not been prepared in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Auditor Guidance.



PricewaterhouseCoopers LLP

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Date: 30 JUNE 2015

Note: The maintenance and integrity of The Royal Wolverhampton NHS Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

How to give your views on our Quality Account

We welcome your feedback on this Quality Account and any suggestions you may have for future reports. Please contact us as indicated below

Patient Experience Team

The Royal Wolverhampton NHS Trust

New Cross Hospital Wednesfield Road

WOLVERHAMPTON WV10 0QP

Tel (01902) 695333

E-mail rwh-tr.yourcomments@nhs.net

Online – submit a comment to rwh-tr.yourcomments@nhs.net

In person – call into the Patient Information Centre on the main corridor at New Cross Hospital, location C3



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